

NO. OF COPIES RECEIVED 6		NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE					
Yates Petroleum Corporation 207 So. 4th St., Artesia, New Mexico					
Reason(s) for filing (check proper box) New Well <input type="checkbox"/> Change in Transporter of: Existing Well <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Change in ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>					
Other (Please explain)					
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name Gerard "AW"		Well No. 2	Pool Name, including Formation Penasco Draw-SA-Yeso		Kind of Lease State, Federal or Free Fee
Location Unit Letter J 2310 Feet From The S Line and 1650 Feet From The E					
Line of Section 25 Township 18S Range 25E, NMFM, Eddy County					
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock Oil Company			Address (Give address to which approved copy of this form is to be sent) 414 Mid-America Bldg., Midland, Texas		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.		Unit J	Sec. 25	Twp. 18S	Rge. 25E
		Is gas actually connected?		When	
		No			
If this production is commingled with that from any other lease or pool, give commingling order number:					
COMPLETION DATA					
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover
Date Spudded	Date Compl. Ready to Prod.	Total Depth		F.B.T.D.	
Pool	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
Perforations				Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT	
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)					
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MMCF		
GAS WELL					
Actual Prod. Test-MMCF	Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		
CERTIFICATE OF COMPLIANCE					
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					
OIL CONSERVATION COMMISSION APPROVED BY W. A. Gressett OIL AND GAS INSPECTOR TITLE					
This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.					
Hugh H. Parry Secretary-Treasurer 8/4/67 (Date)					