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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

LAND OFFICE			RECEIVED
TRANSPORTER GAS /			
OPERATOR 3			JAM 2 3 1967
PRORATION OFFICE			
Operator Nation Dotted losses	Compandia		ध ाँक राज्य र ाष्ट्रक जिल्ला
Yates Petroleum (Corporation		A Townson Control of the Control
	ing Ambasia Nas Ma		
Reason(s) for filing (Check proper be	<u>ing - Artesia, New Me</u>	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Ga	s 🔲	
Change in Ownership	Casinghead Gas Conden	isate	
If change of ownership give name and address of previous owner			
DECORPORADE AR WELL A AND	O A DAGD		
DESCRIPTION OF WELL AND Lease Name	Well No. Pool Na	me, Including Formation	Kind of Lease
Martin	4 Atol	ka San Andres	State, Federal or Fee Fee
Location			
Unit Letter 0; 500	O Feet From The South Lin	e and 2070 Feet Fr	om The East
			naa
Line of Section 15 , T	Township 185 Range	26E , NMPM,	Eddy County
DESIGNATION OF THE ANSPO	DTED OF OIL AND MATIDAL CA	S	
Name of Authorized Transporter of C	RTER OF OIL AND NATURAL GA	Address (Give address to which a	pproved copy of this form is to be sent)
The Permian Corpo	= -	P. O. Box 3119,	
Name of Authorized Transporter of C		Address (Give address to which a	pproved copy of this form is to be sent)
Phillips Petrole	um Company	Bartlesville,	Oklahoma
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When
give location of tanks.	0 15 18S 26E	yes	1-9-67
	with that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deeper	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Complete	tion = (X) X	X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12-10-67	1-9-67	2230	2219
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Atoka San Andres	San Andres	1490	2000 Depth Casing Shoe
Perforations			2221
2066-2096;2180-22	210:1680-1700:1620-164	O;1490-1520 CEMENTING RECORD	2221
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-/58"	1144'	450
7-7/8"	5-1/2"	2221	450
	2-3/8"	20001	
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load opth or be for full 24 hours)	loil and must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, go	as lift, etc.)
1-9-67	1-19-67	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24			A ^C
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
95	54	41 Load water	60
GAG NIEV V			
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
HOLIGHT FOR TEST-MOT/D	Bengin of Test	20101 Condemnato/ Milvior	and the second s
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
CERTIFICATE OF COMPLIA	ANCE	OIL CONSER	RVATION COMMISSION
		II.	23 1967
I hereby certify that the rules an	nd regulations of the Oil Conservation	APPROVED UM	, 19
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY W.a. Bressett	
		TITLE OIL AND GAS INSPECTOR	
		TITLE VIL HID GAG ING	
AHAAA			in compliance with RULE 1104.
Thehard C. norman		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	
(Signature) Geologist		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
(Title)		All sections of this form must be filled out completely for allow-	
1-20-67		able on new and recompleted wells. Fill out Sections I, II, III, and VI only for changes of owner.	
	(Date)	well name or number, or trans	sporter, or other such change of condition.
		Separate Forms C-104	must be filed for each pool in multiply
		completed wells.	