DISTRIBUTION			
SANTA FE		DNSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110
FILE 7-		AND	
U.\$.G.\$.	AUTHORIZATION TO TRA	FOR ALLOWABLE AND NSPORT OIL AND NATURAL GA	SRELEIVED
LAND OFFICE			
RANSPORTER OIL			JUN 1 9 1967
· · · · · · · · · · · · · · · · · · ·			
PHORATION OFFICE			
Yates Petroleur	a Corporation M		
- Alimus 	lding- Artesia, New Me:	xico 88210	
Reason(s) for filing (Check proper b		Other (Please :xplain)	
Ellew Weil	Change in Transporter of:		
itersom; letton	Cil Dry Gas	s	
Change in Ownership	Casinghead Gas 🗌 Condens	sate	
	· · · · · · · · · · · · · · · · · · ·		
<ul> <li>If change of ownership give name and address of previous owner</li> </ul>			
	<b>N X N A</b> 2 <b>N</b>		
I. <u>DESCRIPTION OF WELL AN</u> . Letter Mane	Well No., Pool Nan		Kind of Lease
Yates "AS" Pee	2 Pena	sco Draw S.A. Yeso	State, Federal or Fee FCE
Los nion	<u> </u>		
Unit Letter_L,23	<u>10                                    </u>	e and990 Feet From Tr	<sub>e</sub> West
25	18S 2	5E Eddy	County
Line of Section ,	Township 100 Hange 1	, <u>NMPM</u> , <u>HQQ</u>	County
T DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	s	
Nume of Authorized Transporter of	Cil 🖆 or Condensate 🛄	Address (Give address to which approve	
The Permian Co		P. O. Box 3119, Mid	
Mame of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which approve	d copy of this form is to be sent)
		Is ags actually connecte 12 When	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When NO	
tive location of tanks.			
	with that from any other lease or pool,	give commingling order number:	
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Comple	· · · · · · · · · · · · · · · · · · ·	21	÷
Dine Sphilled	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3-3-67	6-12-67	<u> </u>	5390' P8 4752
Penasco Draw S	Name of Producing Formation	Top Oil/Gas Pay 1360	Tubing Depth 2500'
······································			D. J. Cardina Chart
90/1440-136	30';80/2430-2350;80/22	40-2100;80/16/5-1585	5389
		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBINO 5.73	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8"	0.04.4	1115
8-3/4"	· · · · · · · · · · · · · · · · · · ·	<u> </u>	1110
		,	
l			
V. TEST DATA AND REQUEST		fter recovery of total volume of load oil a opth or be for full 24 hours (	nd must be equal to or exceed top allow
OIL WELL Date First New Gil Run To Tanks	A: Test	Producting Method (Flow. pump, gas lift	, etc.)
6-12-67	5-13-67	<u>inpirc</u>	·
Length of Test	Cubing Pressure	Calling Pressure	Choke Size
24		<u>Pumpir</u>	Gas-MCF
Actual Prod. During Test	6.1-3bls. 4 C	Weter-Bbls. 30 Load Water	$\operatorname{TSTM}(\mathcal{A})$
79	4.9	30 LOac. walter	
61.4 co 14.707 X			
GAS WELL Amual Froil Test-MOF/D	Leigh of Test	Ibbis. Condensate/MMCI	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
L	i		
VI. CERTIFICATE OF COMPLI	ANCE		TION COMMISSION
		APPROVED	h. /
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED	
above is true and complete to	the best of my knowledge and belief.	I DY IN UN AVIE	CTOR
		OIL AND GAS INSPE	
			ampliance with part 5 (12)
JUPP Complete	11 20	This form is to be filed in o	
(Signature)		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	
Acent	$\overline{\mathbf{v}}$	tests taken on the well in accord	lance with RULE 111.
	(Title)	All sections of this form must able on new and recompleted we	st be filled out completely for allow lls.
6-16-67		Fill out Sections I. H. III.	and VI only for changes of owner
	(Date)	well name or number, or transport	er, or other such change of condition

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.