	······································						
DISTRIBUTION	-6		CONSERVATION COMMISSION	Form C-104			
SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-110				
FILE	7-		Effective 1-1-65				
U.S.G.S.	AUTHORI	ZATION TO TRA	ANSPORT OIL AND NATUR	AL GAS			
LAND OFFICE				RECEIVED			
TRANSPORTER							
GAS							
PRORATION OFFICE	3			· · · · · · · · · · · · · · · · · · ·			
Creator			· · · · · · · · · · · · · · · · · · ·				
Yates Petrole	um Corporation	$\checkmark$		ALL			
Aq 1998		· · · · · · · · · · · · · · · · · · ·		MOLT ICH			
207 So. 4th S	St Artesia, N	lew Mexico	88210				
Reason(s) for filing (Check	proper box)		Other (Please explain,	)			
Hew Well	Change in Tro	ansporter of:					
Recompletion	Cil	Dry Go					
Change in Ownership	Casinghead G	as Conde	nsate	·			
If change of ownership giv	ve name						
and address of previous o							
II. <u>DESCRIPTION OF WEI</u> Lease Name	LL AND LEASE	Well No. Pool No	me, Including Formation	Kind of Lease			
Stark "BG"			sco Draw S.A. Yes	State, Federal or Fee Fee			
Location		<b></b>					
C	. 660 Feet From T	he North Li	2310	From The West			
Unit Letter <u>C</u>	_;Feet From 11	ne <u>no chi</u> Lir	reen				
Line of Section 25	, Township <u>18</u> 5	Range	25E , NMPM,	Eddy County			
1				· · · · · · · · · · · · · · · · · · ·			
II. DESIGNATION OF TR	INSPORTER OF OIL AN	D NATURAL GA	\S				
Name of Authorized Transp	orter of Oil 🔀 🛛 or Conde	ensate	Address (Give address to which	approved copy of this form is to be sent)			
Scurlock Oil			414 Mid-America	Bldg. Midland, Texas			
Name of Authorized Transp	orter of Casinghead Gas 🥅	or Dry Gas 🗔	Address (Give address to which	approved copy of this form is to be sent;			
If well produces cil or liqui	ds, Unit Sec.	Twp. Rge.	Is gas actually connected? When				
give location of tanks.	C   25	18 25	No				
	ingled with that from any o	ther lease or pool,	give commingling order number				
W. COMPLETION DATA	· Oil W	Vell Gas Well	New Well Workover Deep	en   Plug Back   Same Res'v. Diff. Res'v.			
Designate Type of (		· · · ·					
Date Spudded	Date Compl. Read		Total Depth	P.B.T.D.			
6-6-67	8-10-67		3700*	3342*			
Pcol			Top Oil/Gas Pay	Tubing Depth			
Penagoo Draw	S.A. Yeso S.	A Veso	1440'	2533'			
Perforations				Depth Casing Shoe			
3143-2976/50	,2505-2411/60, 2	2245-2197/8	53, 1475-1440/70				
	тиз	ING, CASING, AN	D CEMENTING RECORD				
HOLESIZE		TUBING SIZE	DEPTH SET	SACKS CEMENT			
12%"	9-5/8"		1089*	780			
8-3/4"	711		3342*	500			
		· ·	2533•				
L							
V. TEST DATA AND REC	UEST FOR ALLOWARD	$\Xi$ (Test must be d		ad oil and must be equal to or exceed top allow-			
OIL WELL	(m. ). Dece 2 means	able for this d	epth or be for full 24 hours) Producing Method (Flow, pump,	and life ato )			
Date First New Oil Run To	1	1					
8-10-67 Length cí Test	8-18-6 Tubing Pressure	<u>)</u>	Pumpir Casing Pressure	Choke Size			
	1 404119 1 1000 40		· · · · · · · · · · · · · · · · · · ·	$= (\langle \chi \rangle )$			
<u>24</u> Actual Prod. During Test	Oil-Bbls.		Water - Bbls.	Gas-MCF			
107	77		30 BLW	TSTM			
<u></u>	<u> </u>						
CAS WELL							
Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity of Condensate			
Testing Methos (pitot, bac	k pr.) Tubing Pressure		Casing Pressure	Choke Size			
		<u></u>					
VI. CERTIFICATE OF CO	MPLIANCE		OIL CONSE	RVATION COMMISSION			
			ALLO	0 1 10CF			
	rules and regulations of the		APPROVED AUG 2/1 1967, 19				
	complied with and that the ete to the best of my know		BY W. C. X	Tressett			
		J		INCOFCTOR			
	/		TITLEOIL AND GAS				
► 1 2 <sup>3</sup>			This form is to be file	d in compliance with RULE 1104.			
<u> </u>	and a Barry		If this is a request for allowable for a newly drilled or deepened				
,	(Signature) /		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
A(	gent /		All sections of this form must be filled out completely for allow-				
	( <i>Title</i> ) ' 8–18–67		; able on new and recomplet	ed wells.			
			Fill out Sections I, I	I, III, and VI only for changes of owner, nsporter, or other such change of condition.			
	(Date)		- nous name of namoer, of the	· · · · · · · · · · · · · · · · · · ·			

Fill out Section well name or number,								
Separate Forms	<b>C-1</b> 04	must	Ъe	filed	for e	ach p	ool in	multiply