		A	~	
	NO. OF COPIES RECEIVED			
l	DISTRIBUTION	NEW MEXICO OIL CO	NSERVATION COMMISSION	Form C-104
i	SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110
ĺ	FILE	,	AND .	RECEITSVED
ł			SPORT OIL AND NATURAL GAS	τ
	U.S.G.S.	AUTHORIZATION TO TRAF	ASPORT OIL AND NATORAL OAS	
	LAND OFFICE			AFRICE
	TRANSPORTER OIL			-
	GAS			<b>—</b>
	OPERATOR			
.	PRORATION OFFICE		/	ARTESIA, OFFICE
1.	Operator			
	Yates Petroleum C	orporation /		
	Address 207 So. 4th Stree	et - Artesia, New Mex	cico 88210	
			Other (Please explain)	
	Reason(s) for filing (Check proper box)		Uther (Please explain)	
	New Well	Change in Transporter of:		
	Recompletion	Oil Dry Gas		
	Change in Ownership	Casinghead Gas 📃 Condens	sate	
			e	
	If change of ownership give name		•	
	and address of previous owner			
П.	DESCRIPTION OF WELL AND LEASE Volume, Including Formation Kind of Lease Lease No.			
	Lease Name	Well No. Pool Name, Including 10		
	Creek AL	7 Shugart Que	een State, Federal o	Fee Fed. LC028990(b)
	Location			
	M 330 South Lissand 990 Feet From The West			
	Unit Letter;;	Feet From TheLine		
	24	nship 18S Bange	30E <sub>, NMPM</sub> , Eddy	County
	Line of Section 24 Tow	nship 105 Range	JOE , NMPM, 2007	
ш.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which approved	anny of this form is to be sent)
	Name of Authorized Transporter of Oil	A or Condensate	Address force address to the arts	
	Tex-New Mexico Pipeline		P.O. Box 150 - Midland, Tex 79701	
	Name of Authorized Transporter of Casinghead Gas 🖄 or Dry Gas 🗍		Address (Give address to which approved copy of this form is to be sent)	
	Phillips Petroleum Corporation		Box 6666 - Odessa	, Texas
	Philips recover		Is gas actually connected? When	
	If well produces oil or liquids,		1	4-19-70
	give location of tanks. A 25 100 500 100 100			
	I dia an duction is commingled wit	h that from any other lease or pool,	give commingling order number:	
w	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA			
14.	OII Well Gds well New Well Welkerer			
	Designate Type of Completio	n = (X) X	X	I I
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date Spudded		3314'	3306'
	2-21-70	4-19-70		Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	• • • •
	3507' GR	Queen	3189'	3100'
	Perforations			Depth Casing Shoe
	3189-3196'; 3204-3210'; 3252-3258'. 3306'			
	TUBING, CASING, AND CEMENTING RECORD			
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	HOLE SIZE	8-5/8"	729'	200
	10"			
	8*	5 <sup>1</sup> / <sub>2</sub> "	3306'	500
		2" EUE	3100'	
		OD AT YOU ADT TO /	fter recovery of total volume of load oil as	nd must be equal to or exceed top allou
V	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)			
	OUL WELL			
	Date First New Cil Run To Tanks			
	4-19-70	4-27- <b>7</b> 0	Pumping Casing Pressure	Choke Size
	Length c. Test	Tubing Pressure	Claring Freesewa	
	24			Gas-MCF
	Actual Fred. During Test	Oil-Bbis.	Water - Bbls.	
	112	82	30 BLW	82
				U
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Actual Prod. Test-MCF/D			
		(	Casing Pressure (Shut-in)	Choke Size
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Canny Francia (and - )	
			<u> </u>	
	. CERTIFICATE OF COMPLIAN	ICF.	OIL CONSERVA	TION COMMISSION
¥ I	I bereby 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.		APR 2 9 1970	
			APPROVED APR 2 9 1970, 19	
			1.1 n Snessett	
			BY	
			DIL AND CAS INSPECTOR	
	Eddie M. Mahfood			
			This form is to be filed in compliance with RULE 1104.	
	Eddi he health of		i the stient for showing drilled or deepene	
	Cater Mr. Vireny			
	(Signature)		tests taken on the well in accordance with Rous that all sections of this form must be filled out completely for allow	
	Engineer			
	(Title)		ii able on new and recompleted we	112.
	4-28-70		I must conter Oceations 7 17	TIT and VI for changes of owne
(Date)		Date)	well name or number, or transporter of other states	
	1-		Separate Forma C-104 must	be filed for each pool in multip
			completed wells.	