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FILE		L	
U.S.G.S.			
LAND OFFICE		i I	
IRANSPORTER	OIL	1	<u> </u>
	GAS	1	
OPERATOR	0		
		1	

NEW MEXICO OIL CONSERVATION COM.... SSION REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FCTM C-104
Supersedes Old C-104 and C-116
Effective 1-1-65

-	LAND OFFICE										
ļ	TRANSPORTER GAS 1										
-	OPERATOR O			RESCINES							
1	PRORATION OFFICE										
. [Operator		Justini								
	Yates Petroleur	m Corporation									
	from to										
ļ	Reason(s) for filing (Check proper box)	ceet - Artesia, New I	Other (Please explain)	TOTOSIA GERIOR							
	New Well	Change in Transporter of:									
	Recompletion	Oil Dry Gas									
	Change in Ownership	Casinghead Gas Condent	sate								
	If change of ownership give name										
	and address of previous owner										
**	DESCRIPTION OF WELL AND	I FASE									
11.	Lease Name	Well No. Pool Name, including Fo	1	- JiC							
	Creek AL 8 Shugart Queen State, Federal 1028990 (.										
	Location	70 1	2230	- Wast							
	Unit Letter F ; 16	50 Feet From The North Line	e and 2310 Feet From	m The West							
	Line of Section 25 Tov	waship 185 Range	30E , NMPM, Eddy	County							
	Elle di decitori 22										
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S	proved copy of this form is to be sent)							
	Name of Authorized Transporter of Oil										
	New Mexico Pip	eline	P. O. Box 1510 - Midland, Texas Address (Give address to which approved copy of this form is to be sent)								
	1	leum Corporation	Box 6666 - Odessa, Texas								
		Unit Sec. Twp. Rge.		When							
	If well produces oil or liquids, give location of tanks.	A 25 18S 30E	yes	6-16-70							
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:								
īV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.							
	Designate Type of Completic	. 010 1/ 000	X								
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.a.T.D.							
	4-21-70	6-16-70	3416'								
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay 3305	Tubing Depth 3215*							
	Unknown	Oueen		Depth Casing Shoe							
	Perforations	0 2224 2267 2270	•								
	3305-3309; 332	0-3324; 3367-3378'	CEMENTING RECORD								
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT							
	HOLE SIZE	8-5/8"	773'	100 sx							
	8"	55"	3416	200 sx							
		2 3/8"	3215'								
			1	il I was be expelled as expeed ton allow							
V.	TEST DATA AND REQUEST F	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 allowable for this depth or be for full 24 hours)									
	OH. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga.	s lift, etc.)							
	6-16-70	6-22-70	Pumping	Latina Sea							
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size							
	2.4		Water - Bbis.	Cca - MCF							
	Actual Prod. During Test 97	O:1-Bbls. 72	25 BLW	70							
		1									
	GAS WELL Gravity of Condensate Gravity of Condensate										
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condenscte/MMCF	Gravity of Concensate							
			Casing Pressure (Shut-in)	Choke Size							
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cusing Piossuo (Suut ==)								
		100	OIL CONSER	VATION COMMISSION							
	. CERTIFICATE OF COMPLIAS	(CE	OIL CONSERVATION COMMISSION JUN 25-1970								
	I haraby certify that the rules and	regulations of the Oil Conservation	APPROVED 19								
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		sy Jo X (am t									
	above is true and complete to the	he best of my knowledge and bester.	1'								
			TITLE OIL AND GAS INSPE	CTOR							
		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation 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.									
(Signature) Eddie M. Mahfood - Engineer (Title)											
						6-24-70	,	Fill out only Sections I. II. III. and My for changes of owne well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiple complated wells.			
							Date)				
	·										
			ii complaind name.								