	•					_			
ſ	NO. OF "APIES RECEIVED 5				•				
	DISTRIBUTION			ISSION	Form C-104				
	SANTA FE				VABLE		-	Supersedes Old C-104 and C-110 Effective 1-1-65	
┢	FILE U.S.G.S.	литн	AND AUTHORIZATION TO TRANSPORT OIL AND ATURAL GAS						
F	LAND OFFICE								
	RANSPORTER OIL / SEP 2 5 1973								
┢	OPERATOR /	•							
	RORATION OFFICE D. C.								
T	Perator ARTESIA, OFFICE								
┝	Yates Petroleum Corporation 🖌								
	207 South 4th Street - Artesia, New Mexico 88210								
ł	Reason(s) for filing (Check proper box)				er (Pleas	e explain)	<u> </u>		
	New We!! X		in Transporter of:						
	Recompletion		Dry Gas Dead Gas Condens						
L	Change in Ownership	Clama							
	f change of ownership give name nd address of previous owner					-			
	-								
I. ] [	DESCRIPTION OF WELL AND LEASE			mation	a.	Kind of Lease		Lease No.	
	Vandiver "CN" 1 W. Atoka (M			rrow)		State, Federal or	<sup>Fee</sup> Fee		
ŀ	Location								
	Unit Letter <u>E</u> ; 1650 Feet From The North Line and 660 Feet From The West								
	time of Section 18 Town	ship	18S Range	<b>2</b> 6E	, NMPN	4. Edd	V	County	
L	Line of Section LO Town					<u> </u>	<u>.</u>		
<b>I</b> . 1	DESIGNATION OF TRANSPORT	ER OF OI	L AND NATURAL GAS	<u>s</u>		to which approved	anny of this form i	s to be sent)	
Name of Authorized Transported OfOIL of or Condensate Address (Give address to which app									
Ì	Navajo <u>Pipe Line</u> Company Name of Authorized Transporter of Casinghead Gask or Dry Gas			North Freeman Av. Artesia, NM 88210 Address (Give address to which approved copy of this form is to be sent)					
ĺ	Transwestern Pipe Line Company			P. O. Box 2521 - Houston, TX 77001					
	Unit Sec. Twp. P.ge.				Is gas actually connected? When				
	If well produces oil or liquids, give location of tanks. E 18 185 26E NG VE-S 9-28-73							]	
	this production is commingled with that from any other lease or pool, give commingling order number:								
<b>v</b> .	COMPLETION DATA Oil Well Gas Well			New Well	Workover	Deepen P	lug Back Same F	les'v. Diff. Res'v.	
	Designate Type of Completion -		- (X) X		x		, I k	1 I	
	Date Spudded	Date Compl. Ready to Prod.		rotal Deptil			P.B.T.D.		
	7-5-73		8-3-73		8900' Top Oil/Gas Pay Tub			8896 '	
	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation 3430' Morrow			. op o, o == . =/			8623		
	Perforations						Depth Casing Shoe	-	
	8666-8735' 8896'								
	TUBING, CASING, AN							SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE		<u>дертн set</u> 358 '		SET	250 sx		
	17½"		8" 24#	1212			725 sx		
j.	12¼" 7-3/8"		7 & 15.5#	8898			150 sx		
•			27/8"		23	İ_			
<b>v</b> .	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)								
	OIL WELL able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)								
							·		
	Length of Test	Tubing Pre	saure	Casing Pres	sure		Choke Size		
	A stall Part I. Double of Press	Oil-Bbls.		Water-Bbls.			Gas • MCF		
	Actual Prod. During Test	011 - 00101	JII - BUB.						
	GAS WELL		Bhin Co-d-	nagte AA	CE T,	Gravity of Condens	ate		
	Actual Prod. Test-MCF/D	Length of Test 4		Bbls. Condensate/MMCF 78.16		~.	55.6		
	12725 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		it-in)	Choke Size		
	Back Press.		1956	Packer		Adj			
VI.	CERTIFICATE OF COMPLIANCE				OIL CONSERVATION COMMISSION				
	I hereby 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.				APPROVED 0CT 5 1973				
				APPROV	APPROVED				
				TITLE_	TITLE				
	Eddre M. Maly and			This	form is	to be filed in co	mpliance with R	ULE 1104.	
				react is a second for allowable for a newly drilled or deepened					
	(Signature)			well, this form must be accompanied by a tabulation of the device of the					
	Eddie M. Mahfood - Engiheer				All sections of this form must be filled out completely for allow-				
	•	[[e]		able on new and recompleted wells. Fill out only Sections I. II, III, and VI for changes of owner,					
	9-24-73				well name or number, or transporter, or other such change of condition.				

(Date)

Fill out only Sections I, II, III, and VI 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.