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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

MAY 10 1974

Operator Yates Drilling Company ✓		O.C.C. ARTESIA, OFFICE
Address 207 South 4th Street - Artesia, NM 88210		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>7-3-74</u> UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED NFO # 2-106 Permit
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner		

DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name Laguna Seca	Well No. 1	3971
Pool Name, Including Formation Und. Loco Hills		Kind of Lease State, Fed. or Prop. State
Location Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>23</u> Township <u>18S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> County		

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co.	North Freeman Ave.-Artesia, NM 88210		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 23	Twp. 18S
			Rge. 29E
Is gas actually connected?		When	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA		TUBING, CASING, AND CEMENTING RECORD	
Designate Type of Completion - (X)	X	Oil Well	X
Date Spudded 12-16-74	Date Compl. Ready to Prod. 5-3-74	New Well	X
Elevations (DF, RKB, RT, GR, etc.) 3470 GR	Name of Producing Formation Grayburg	Workover	
Perforations 2619-3108		Deepen	
		Plug Back	
		Same Res'v.	
		Diff. Res'v.	
		Total Depth 3160	P.B.T.D. 3000'
		Top Oil/Gas Pay 2619	Tubing Depth 2599
			Depth Casing Shoe 3160

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL		(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)	
Date First New Oil Run To Tanks 5-3-74	Date of Test 5-9-74	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 52	Oil-Bbls. 14	Water-Bbls. 38	Gas-MCF TSTM

GAS WELL		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE	
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.	
<u>C. L. Loyd</u> (Signature) C. L. Loyd - Prod. Supt. (Title) 5-10-74 (Date)	

OIL CONSERVATION COMMISSION MAY 10 1974	
APPROVED	19
BY <u>W. D. Gressett</u>	
TITLE <u>OIL AND GAS INSPECTOR</u>	
This form is to be filed in compliance with RULE 1104.	
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 tests 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.	
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	