	FI E	REQUES	T FOR ALLOWABLE AND	Form C -104 Supersedes Old C-104 and C-, Effective 1-1-65	
	G.S. DOFFICE	AUTHORIZATION TO T	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
1.	OPERATOR PROBATION OFFICE	MAY ± 0 1976		± 0 1976	
	Operator	m Corporation \checkmark		U. C. C.	
	207 South 4th Street - Artesia, NM 88210				
	Reason(s) for filing (Check proper box) Other (Please explain) New We!1 X Change in Transporter of:				
	Recompletion Change in Ownership	Oil Dry Casinghead Gas Cond	Gas		
	If change of ownership give nam and address of previous owner	e			
11.	DESCRIPTION OF WELL AND LEASE				
	Dayton "FY"	1 Atoka S.A		Lease Lease No. ederal or Fee FEE	
	Location	650 Feet From The South	990	West	
		- 195	26E Feet F	rom The	
			, №РМ,	Eddy County	
II.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil 1/2 or Condensate Address (Give address to which approved copy of this form is to be sent)				
	-	1 Purchasing Co.	No. Freeman Ave-	Artesia, NM 88210	
	Name of Authorized Transporter of Casinghead Gas Tor Dry Gas Ty Yates Petroleum Corporation		Address (Give address to which approved copy of this form is to be sent) 207 South 4th Street-Artesia, NM 88210		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege. K 21 188 26E	is gas actually connected? Yes	When 5-3-76	
1	f this production is commingled	with that from any other lease or pool,			
v. 	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Complet Date Spudded	tion - (X) X Date Compl. Ready to Pred.	X	ound neb (. Dhi, neb v.	
	4-13-76	5-2-76	Total Depth 1775*	P.B.T.D. 1714 '	
	Elevations (DF, RKB, RT, GR, etc.) 3403	Name of Producing Formation San Andres	Tep Off/Gus Pay 1553 *	Publing Depth 1535'	
	Perforations 15	53-1651'		Depth Casing Shoe 1714 '	
╞	HOLESIZE	TUBING, CASING, AN CASING & TUBING SIZE	D CEMENTING RECORD		
ļ	9/2"	7"	DEPTH SET	SACKS CEMENT	
$\left \right $	64"	$\frac{4\frac{1}{2}\epsilon5\frac{1}{2}^{"}}{2-3/8"}$	1714	1.75	
[
	EST 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)				
	Date First New Oil Run To Tanks 5–2–76	Date of Test 5-6-76	Producing Method (Flow, pump, ga Pumping	s lift, etc.)	
ŀ	Longth of Test 24 hrs	Tubing Pressure 40	Casing Pressure 40	Choke Size posite 76	
-	Actual Prod. During Test	Oil-Bbis.	Water-Bbis,	Gas-MCF	
L	39	35	14	46.3	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
L			Carrie (Date-14)		
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.			OIL CONSERVATION COMMISSION APPROVED MAY 101976, 19		
-	to the and complete to th	- over or my knowledge and bellet.	BY SUPERVISOR DISTRICT II		
	Christine Tomlinson-Geol Secty		TITLE <u>SUPERVISOR</u> INSTRICT II 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 allow-		
•—					
	(Title)		able on new and recompleted		