

DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	/
PRODUCTION OFFICE	

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

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

RECEIVED

SEP 23 1977

Operator Yates Petroleum Corporation O. C. C.
Address ARTESIA, OFFICE

207 South Fourth Street - Artesia, NM 88210

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☒	Change in Transporter of:		
Recompletion ☐	Oil ☐	Dry Gas ☐	
Change in Ownership ☐	Casinghead Gas ☐	Condensate ☐	

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>Yates "AS" Fee</u>	<u>5-Y</u>	<u>Penasco Draw (Yeso S. A.)</u>	<u>State, Federal or Fee</u>	<u>Fee</u>
Location				
Unit Letter <u>I</u> : <u>2200</u> Feet From The <u>South</u> Line and <u>350</u> Feet From The <u>East</u>				
Line of Section <u>26</u> Township <u>18S</u> Range <u>25E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
<u>Scurlock Oil Company</u>	<u>1216 Vaughn Bldg. - Midland, TX 79701</u>					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
<u>Yates Petroleum Corporation</u>	<u>207 South 4th Street - Artesia, NM 8821</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>K</u>	<u>25</u>	<u>18S</u>	<u>25E</u>	<u>yes</u>	<u>9-15-77</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<u>X</u>	<u>X</u>		<u>X</u>					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
<u>8-24-77</u>	<u>9-15-77</u>		<u>1600'</u>		<u>1533'</u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<u>3470' GR</u>	<u>San Andres</u>		<u>1371 1/2'</u>		<u>1351'</u>			
Perforations					Depth Casing Shoe			
<u>1371 1/2 - 1492'</u>				<u>1533'</u>				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>15 1/2"</u>	<u>10-3/4"</u>	<u>360'</u>	<u>300</u>
<u>9 1/2"</u>	<u>7"</u>	<u>1127'</u>	<u>765</u>
<u>6 1/2"</u>	<u>4 1/2 & 5 1/2"</u>	<u>1533'</u>	<u>150</u>

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>9-15-77</u>	<u>9-22-77</u>	<u>Pumping</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hours</u>	<u>25 psi</u>	<u>25 psi</u>	<u>2"</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>24</u>	<u>15</u>	<u>9</u>	<u>18.9</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
			<u>9-30-77</u>

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.

Christine Tomlinson
(Signature)
Christine Tomlinson - Geological Secretary
(Title)
9-22-77
(Date)

OIL CONSERVATION COMMISSION

SEP 26 1977

APPROVED _____, 19____
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT 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 deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on now 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.