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LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	3
PRORATION OFFICE	
OPERATOR	

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-11
Effective 1-1-64

1967

S. P. Yates	
Address 309 Carper Building - Artesia, New Mexico	
Reason(s) for filing (Check proper box) Other (Please explain)	
New Well <input checked="" type="checkbox"/> Re-Entry	Change in Transporter of:
Recompletion <input checked="" 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 Name Yates-Miller	Well No./ Pool Name, including Formation 1 McMillan Land
Kind of Lease State, Federal or Fee Federal	
Location	
Unit Letter F	1650 Feet From The North Line and 2340 Feet From The West
Line of Section 28	Township 19S Range 37E NMPM, Bddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation	P. O. Box 3119, Midland, Texas
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 Sec. Twp. Rge. Is gas actually connected? When
	F 28 19S 37E

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input checked="" type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded 6-16-67	Date Compl. Ready to Prod. 6-19-67
Pool McMillan Land	Name of Producing Formation Seven Rivers
Perforations OH 850-90	Top Oil/Gas Pay 850
	Tubing Depth 870
	Depth Casing Shoe 850

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 8"	CASING & TUBING SIZE 2-3/8"	DEPTH SET 850	SACKS CEMENT 30 SX

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 10 for full 24 hours)	
Date First New Oil Run To Tanks 6-19-67	Date of Test 6-20-67	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 30	Oil-Bbls. 30	Water-Bbls.	Gas-MCF 1250

GAS WELL	
Actual Prod. Test-MCF/D	Date of Test
Testing Method (pitot, back pr.)	Casing Pressure
	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION JUN 23 1967	
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 _____, 19____	
M. S. [Signature]		BY W. A. Gressett OIL AND GAS INSPECTOR	
AGATE (Title)		TITLE _____	
6-20-67 (Date)			
		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 Sections I, II, III, and VI only 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.	