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 ARTESIA, OFFICE

STATE OF NEW MEXICO  
 ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
 P. O. BOX 2088  
 SANTA FE, NEW MEXICO 87501

Form C-104  
 Revised 10-01-78  
 Format 06-01-83  
 Page 1

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SANTA FE	✓
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL ✓ GAS ✓
OPERATOR	✓
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
**JOHN A. YATES, JR.**

Address  
**207 S. 4th, Artesia, New Mexico 88210**

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name and address of previous owner John A. Yates, 207 S. 4th, Artesia, NM 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>State B</b>	Well No. <b>4</b>	Pool Name, Including Formation <b>Artesia Queen Grayburg, SA</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>E-641</b>
Location				
Unit Letter <b>K</b>	<b>2390</b>	Feet From The <b>South</b>	Line and <b>2390</b>	Feet From The <b>West</b>
Line of Section <b>5</b>	Township <b>19S</b>	Range <b>28E</b>	NMPM, <b>Eddy</b>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Navajo Refining Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Drawer 175, Artesia, NM 88210</b>
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
	<b>K   5   19S   28E</b>

*Part 70-3  
 2-20-87  
 chg of name*

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

*Connie J. Baker*  
 (Signature)

Production Clerk

(Title)

January 15, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED **FEB 20 1987**, 19\_\_\_\_

BY \_\_\_\_\_ Original Signed By  
**Les A. Clements**

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 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 filled for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'y.	Diff. Rest'y
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load all 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.)		
Length of Test	Tubing Pressure	Casing Pressure		Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.		Gas - MCF

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