NO. CLASSIC T	-	يعمر		
DISTRIBUT	NEW MEXICO OIL CO	NSERVATION COMMISSION	10rm 10+104	
SANTARE	REQUEST F	FOR ALLOWABLE	Superseden Old C-104 and C-110 Interview 1-1-05	
FILE / /	REFERRED TO TRA	AND NSPORT OIL AND NATURAL	GAS	
LAND OFFICE	ACTHORIZATION TO TRA	ISPORT OIL AND INFORME		
IRANSPORTER OIL	FEB 1 7 1971			
GAS OPERATOR 4				
PROBATION OFFICE				
Yates Drillin	ARTESIA, CALIER			
Adarena				
	irth Street, Artesia,	New Mexico 88210 Other (Please explain)		
Reasonis) for filing (Check proper box) Change in Transporter of:	Other (Please explain)		
I see to a set of the set	topi Dry Gar			
thanae ne switer bijX ₁₃	Congrated Gas Condens	ate		
If change of ownership give name	Estelle H. Yates,	207 So. 4th St., An	tesia, New Mexico	
and address of previous owner	<u></u>			
II. DESCRIPTION OF WELL AND	LEASE Well No. Pcol Nam	ne, Including Formation	. Kina terre	
Lane Feder	al 4 Red	Hills Yates	Store, consider Federal.	
Leosation D	Couth	990 East From	a The Bast	
That Letter P 99	POFeet From TheSouth	e and Feet From	The Labe	
Line of Dector, 29 , To	wnship 198 Hange	30Е , _{NMPM}, Ес	idy Course	
		a		
III. DESIGNATION OF TRANSPOR	XX or Condensate	Address (Give address to which app	roved copy of this form is to be sent)	
The Permian Corpora	ation	P.O. Box 3119, Mid	Land, Texas 79701	
Name of Authorized Transporter of Ca	singhead Gas 🗍 🛛 or Dry Gas 🗍	Address (Give address to which app	roved copy of this form is to be sent)	
rome	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
lf well produces on or liquids, give location of tanks.	P 29 19S 30E			
	th that from any other lease or pool,	give commingling order number:		
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
Designate Type of Completi			P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F. 2, , , D.	
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
]	Depth Casing Shoe	
Ferforations				
	TUBING, CASING, AND	CEMENTING RECORD		
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	COR ALLOWARIE /Test must be a	fter recovery of total volume of load i	pil and must be equal to or exceed top allow-	
V. TEST DATA AND REQUEST F OIL WELL	able for this de	Producing Method (Flow, pump, gas		
Date First New Cil Hun To Tanks	Date of Test	Producing Method (<i>rlow</i> , <i>pump</i> , gas	,,. C(L,)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
		Water-Bbls.	Gas - MCF	
Actual Prov. During Test	Oil-Bbls.	water - DDIS.		
l		. <u>.</u>		
GAS WELL		Bbls, Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MOF/D	Length of Test	BDIS. Condensate/ Mater		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
VI. CERTIFICATE OF COMPLIAN	NCE	FFB 1 8	VATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation				
Commission have been complied	with and that the information given he best of my knowledge and belief.	BY_W, a.	hessett	
		TITLE OIL AND GAS INS	PECTOR	
		This form is to be filed in compliance with RULE 1104.		
for first for the second se		If this is a request for allowable for a newly artified or deepened		
(Signature)		tests taken on the well in ac	* well, this form must be accompanies is a fabilitation of the deviation [tests taken on the well in accordance with Kill 1 111.	
Peyton Yates, Petroleum Engineer		All sections of this form must be filled out completely for allow- able on new and recompleted wells.		
February 15, 19		$\vec{\Gamma}$ = E.D. out Sections 1. H.	Fill out Sections 1, 11, 111, and V1 only for changes of owner, well name or number, or transporter, or other such change of condition.	
()	Date)	ii went many or manor, or many	· · · · · · · · · · · · · · · · · · ·	

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.