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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-  
Effective 1-1-65

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JUL 28 1980

Operator John A. Yates

Address 207 South 4th, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

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

Other (Please explain) ARTESIA OFFICE

If change of ownership give name and address of previous owner Collier & Collier, P. O. Box 798, Artesia, New Mexico 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Caroline State</u>	Well No. <u>8</u> Pool Name, including Formation <u>Millman Seven Rivers East</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-10716</u>
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>28</u> Township <u>19</u> Range <u>28</u> , NMPM, <u>Eddy</u> 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"/> <u>Navajo Crude Oil Purchasing Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Drawer 175, Artesia, New Mexico 88210</u>
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 <u>D</u> Sec. <u>28</u> Twp. <u>19</u> Rge. <u>28</u> Is gas actually connected? <u>No</u> When

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

IV. COMPLETION DATA

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

V. 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 oil able 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-Bble.	Water-Bble.	Gas-MCF <u>10,000</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.

Rhonda Parrish  
(Signature)

Secretary  
(Title)

7-25-80  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 29 1980, 19

BY Mike Westman

TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the data taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes in well name or number, or transporter, or other such change of data.

Separate Forms C-104 must be filed for each pool in recompleted wells.