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DISTRIBUTION				
SANTA FE				
FILE				
u.s.g.s.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS	<u> </u>		
OPERATOR				
BRODATION OFFICE		T	1	

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

Separate Forms C-104 must be filed for each pool in multiply

	SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
-	U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		c		
į	LAND OFFICE					
	TRANSPORTER GAS GAS	RECEIVED				
	OPERATOR		1071			
1.	PRORATION OFFICE Operator	JUL 9	19/1	-		
	Harvey E.	Yates / n	1 f-3			
	Address	ARTESIA,	OFFICE			
	112 North First St., Artesia, New Mexico 88210 Reason(s) for filing (Check proper box) Other (Please explain)					
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:				
	Recompletion	Becompletion Oil Dry Gas Lease Commingling and				
	Change in Ownership Casinghead Gas Condensate re-designation of well descripti					
	If change of ownership give name					
	and address of previous owner					
11.	II. DESCRIPTION OF WELL AND LEASE					
	Lease Name	Well No. Pool Name, Including For	l	Lease No.		
	Yates Federal 10 McMillan S. R. Qn. State, Federal or Fee Federal LC 0635					
	/ 0 35	50 Feet From The South Line	and 2251 Feet From The	• East		
	Onk Letter					
	Line of Section 6 Tow	mship 20S Range	27E , NMPM, Ed	dy County		
FTI	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	3			
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved	d copy of this form is to be sent)		
	The Permian Name of Authorized Transporter of Cas	Corporation	P. O. Box 1183, Hous: Address (Give address to which approved	ton, Texas 77001 d copy of this form is to be sent)		
	Name of Authorized Transporter of Cas	Ginghedd Gas Cor Diy Gas Cor	Address (Bloc data to to this opposite			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When			
	give location of tanks.	B 7 20 27	No			
	If this production is commingled wit	th that from any other lease or pool, g	give commingling order number:	CTB 223		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completic			1		
	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		
TUBING, CASING, AND CEMENTING RECORD						
	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 oil and must be equal to or exceed top al able for this depth or be for full 24 hours)					
	OIL WELL 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-Bbis.	Water-Bbls.	Gas-MCF		
	Actual Floor Daving					
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
•	COUNTY OF COUNTY IAN	LOE.	OU CONSERVA	TION COMMISSION		
VI	. CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION COMMISSION			
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				
		BY W. a. G. Gressett				
		TITLE GILARD GAS INSPECTOR				
Eddech liaby			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.			
	·	ille) y 7, 1971	Fill out only Sections I II.	able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,		
		y /, 19/1	well name or number, or transporte	er, or other such change of condition.		