HO. OF COPIES RECEIVED		4	
DISTRIBUTION			
SANTA FE			
FILE		T	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	Ι.	
OPERATOR			
PRORATION OFFICE			
Operator			

July 7. 1971 (Date)

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

FILE	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-11 Effective 1-1-65
U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
IRANSPORTER OIL	- PFC	RECEIVED	
GAS OPERATOR			
PRORATION OFFICE	JUL JUL	9 1971	
Operator Harvey E.	Yates	ورد با المعمد ا	
Address	ARTC	SIA, OFFICE	
112 NOTTO Reason(s) for filing (Check proper bo	First St., Artesia, 1	New Mexico 88210 Other (Please explain)	Philip 10 A 1844
New We!1	Change in Transporter of:	Lease comming	ling and
Recompletion Change in Ownership	Oil Dry Ga Casinghead Gas Conder	⊟ re-designatio	on of well description
f change of ownership give name		from Lellie gates	- # 4
nd address of previous owner			
DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including Fo		
Yates Federal	9 McMillan S.	R. Qn. State, Feder	rd or Fee Federal LC 0635
Unit Letter O;	330 Feet From The South Lin	e and 1650 Feet From	The <u>East</u>
Line of Section 6 To	ownship 20S Range	27E , NMPM, Ed	ddy County
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	.s	
Name of Authorized Transporter of O		Address (Give address to which appr	
The Permian Cor		P. O. Box 1183, Hot Address (Give address to which appr	1Ston, Texas 77001 oved copy of this form is to be sent)
If well produces oil or liquids,	Unit Sec. Twp. E.ge.	Is gas actually connected? W	hen
give location of tanks.	B 7 20 27	No	
this production is commingled w	rith that from any other lease or pool,	give commingling order number:	CTB 223
Designate Type of Complet	ion - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty
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
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
rest data and request i DIL WELL		fter recovery of total volume of load oi opth or be for full 24 hours)	l and must be equal to or exceed top allow
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	Oii-Bbis.	Water-Bbls.	Gas-MCF
70			
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
CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION
hereby certify that the rules and	regulations of the Oil Conservation		
Commission have been complied above is true and complete to the	with and that the information given he best of my knowledge and belief.	BY W. a. Line	ssett
_ 1 1		TITLE GIL AND GAS SEST	SOFUE
Eddich highly ac		This form is to be filed in compliance with RULE 1104.	
(Signal Control	inature)	well this form must be accome	wable for a newly drilled or deepene panied by a tabulation of the deviation
Eng	ineer	tests taken on the well in acc	ordance with RULE 111. nust be filled out completely for allow
Ť	Title)	able on new and recompleted to	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 filed for each pool in multiply