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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
RECEIVED

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

JUL 9 1971

Operator		D.C.C.	
Harvey E. Yates		ARTESIA, OFFICE	
Address			
112 North First St., Artesia, New Mexico 88210			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	Lease commingling and re-designation of well description. <i>from Lillie Yates #2</i>
Recompletion	<input type="checkbox"/>	Oil	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	
		Dry Gas	
		Condensate	
If change of ownership give name and address of previous owner			

I. DESCRIPTION OF WELL AND LEASE		Well No.		Pool Name, including Formation		Kind of Lease		Lease No.	
Yates Federal		12		McMillan S. R. Qn.		State, Federal or Fee		Federal LC 063567	
Location									
Unit Letter B ; 330 Feet From The North Line and 1650 Feet From The East									
Line of Section 7 Township 20S Range 27E, NMPM, Eddy County									

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					<del>P. O. Box 1183, Houston, Texas 77001</del>					
<del>The Permian Corporation</del>					Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>										
If well produces oil or liquids, give location of tanks.					Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					B	7	20	27	No	

If this production is commingled with that from any other lease or pool, give commingling order number: **CTD-223**

IV. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<input checked="" type="checkbox"/>									
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		Water Injection Well					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 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 (pitot, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size	

VI. CERTIFICATE OF COMPLIANCE		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 JUL 14 1971, 19	
BY <i>Eddie M. Leahy</i>		BY <i>W.A. Gressett</i>	
Engineer		TITLE OIL AND GAS INSPECTOR	
(Signature)		This form is to be filed in compliance with RULE 1104.	
(Title)		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.	
July 7, 1971		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
(Date)		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 completed wells.	