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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-110
Effective 1-1-65

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FEB 16 1965

Operator Harvey E. Yates		O. C. C. ARTESIA, OFFICE
Address 305 Carper Bldg., Artesia, New Mexico		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cedar Hills Unit #1	Well No. 1	Pool Name, including Formation Wildecatt	Kind of Lease State, Federal or Fee State
Location Unit Letter I ; 1980 Feet From The South Line and 660 Feet From The East Line of Section 15 , Township 21S Range 27E , NMPM, Eddy County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> McWood Corp.	Address (Give address to which approved copy of this form is to be sent) Box 330 Abilene, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gas Co.	Address (Give address to which approved copy of this form is to be sent) Fidelity Union Tower Dallas, Texas 75201	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 15
	Twp. 21S	Rge. 27E
	Is gas actually connected? No 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'v.	Diff. Res'v.
		X		X				
Date Spudded February 1964	Date Compl. Ready to Prod. July 1964		Total Depth 11,781		P.B.T.D.			
Pool Wildecatt	Name of Producing Formation Wolfeamp		Top Oil/Gas Pay 9558-9569		Tubing Depth 9535			
Perforations 9558-9569					Depth Casing Shoe 11,781			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		597		600			
12-1/4	9-5/8		2603		800			
8-3/4	4-1/2 2-3/8		11,781		1560			

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 1400 MCF	Length of Test 72 hr. S.I. 4 hr. MPBP	Bbls. Condensate/MMCF 11	Gravity of Condensate 53
Testing Method (pitot, back pr.) MPBP (Meter)	Tubing Pressure 3871	Casing Pressure Packer	Choke Size MPBP

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.


(Signature)

Agent
(Title)

February 16, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 16 1965**, 19

BY **W. L. Brundage**
TITLE

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.

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

Fill out Sections I, II, III, and VI only 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.