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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

DEC 16 1969

O. C. C.

ARTESIA, OFFICE

Operator S. P. Yates	
Address 207 South 4th Street - Artesia, New Mexico 88210	
Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Re-Entry <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Galvin	Well No. 7	Pool Name, including Formation Seven Rivers W. McMiller SR	Kind of Lease State, Federal or Fee Federal	Lease No. NM 05110-
Location Unit Letter A, 990 Feet From The FSL, Line and 1650 Feet From The FWL Line of Section 12 Township 20S Range 26E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock Oil Company	Address (Give address to which approved copy of this form is to be sent) 414 Mid-America Bldg., Midland, Texas					
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 N	Sec. 12	Twp. 20S	Rge. 26E	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 X	Gas Well	New Well Re-Entry	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-12-69	Date Compl. Ready to Prod. 12-1-69	Total Depth 80'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3274' GR	Name of Producing Formation Seven Rivers	Top Oil/Gas Pay 73'	Tubing Depth 75'					
Perforations Open Hole Completion 70-80			Depth Casing Shoe 70'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 8"	CASING & TUBING SIZE 5 1/2"		DEPTH SET 70'		SACKS CEMENT 4 yds Ready-Mix			

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 12-1-69	Date of Test 12-7-69	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 205.2	Oil-Bbls. 5.2	Water-Bbls. 200	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

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.

Eddie M. Manfred
(Signature)

Eddie M. Manfred

(Title)

Agent

(Date)

12-15-69

OIL CONSERVATION COMMISSION

DEC 18 1969

APPROVED _____, 19____

BY *W. A. Gressett*

OIL AND GAS INSPECTOR

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 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.