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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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JUL 15 1966

Operator <b>J. C. WILLIAMSON</b>		O. C. C. ARTESIA, OFFICE	
Address <b>c/o Geo. Kingree, 802 V&amp;J Tower, Midland, Texas</b>			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input 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

Lease Name <b>YATES-FEDERAL</b>	Lease No. <b>NM-01165</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Wildcat Delaware</b>	Kind of Lease <b>Federal</b>
Location Unit Letter <b>P</b> ; <b>660</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>East</b>				State, Federal or Fee <b>NM 01165</b>
Line of Section <b>7</b> Township <b>20-S</b> Range <b>29-E</b> , NMPM, <b>Eddy</b> County				

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
<b>The Permian Corporation</b>		<b>Box 3119, Midland, Texas</b>	
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 <b>p</b>	Sec. <b>7</b>	Twp. <b>20S</b>
		Rge. <b>29E</b>	Is gas actually connected? <b>No</b>
			When <b>Unknown</b>

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

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>May 24, 1966</b>	Date Compl. Ready to Prod. <b>June 23, 1966</b>	Total Depth <b>3890'</b>		P.B.T.D. <b>3350'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3262 Gr</b>	Name of Producing Formation <b>Delaware</b>	Top Oil/Gas Pay <b>3178</b>		Tubing Depth <b>3250</b>					
Perforations <b>Slotted 3189 &amp; 3228</b>				Depth Casing Shoe <b>3350</b>					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
<b>12 1/4</b>	<b>9 5/8</b>	<b>400</b>		<b>200 sx.</b>					
<b>10 3/4</b>	<b>7</b>	<b>2730</b>		<b>150 Sx. Bottom &amp; 150 SX DV</b>					
<b>6 1/4</b>	<b>4 1/2</b>	<b>3350</b>		<b>65 sx. (Liner @ 2644')</b>					
	<b>2" EUE</b>	<b>3205</b>							

Date First New Oil Run To Tanks <b>6/23/66</b>		Date of Test <b>6/26/66</b>		Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>-</b>	Casing Pressure <b>-</b>		Choke Size <b>-</b>	
Actual Prod. During Test <b>12.42</b>	Oil-Bbls. <b>12.42</b>	Water-Bbls. <b>20</b>		Gas-MCF <b>TSTM</b>	

Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate	
Testing Method (pitot, back pr.)		Tubing Pressure		Casing Pressure		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.

**Geo. Kingree**  
(Signature)  
**Agent Prod. Engineer**  
(Title)  
**July 13, 1966**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 21 1966**, 19

BY **M. L. Armstrong**

TITLE **OIL AND GAS INSPECTOR**

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 multi-completed wells.