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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS
OPERATOR	2
PRODUCTION 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

RECEIVED

Operator Harvey E. Yates	
Address 305 Carper Bldg., Artesia, N. Mex.	
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

II. DESCRIPTION OF WELL AND LEASE		
Lease Name Stebbins <del>Prop</del> Fed.	Well No. 4 / Pool Name, including Formation Wildcat, Delaware	Kind of Lease State, Federal or Fee Fed.
Location Unit Letter I ; 660 Feet From The East Line and 1980 Feet From The South Line of Section 30 , Township 20S Range 29E , NMPM, Eddy County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input 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 type="checkbox"/> None	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 I Sec. 30 Twp. 20S Rge. 29E Is gas actually connected? 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 <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 July 22, 1966	Date Compl. Ready to Prod. Sept. 10, 1966	Total Depth 3394	P.B.T.D.
Pool Wildcat	Name of Producing Formation Delaware	Top Oil/Gas Pay 3272	Tubing Depth 3220
Perforations 3272 ( 2 holes ) AbrasiJet			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8"	607'	100 sks plus ready mix
7-7/8"	5-1/2"	3394'	250 sks
	2-3/8"	3220'	

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 Sept. 10, 1966	Date of Test Sept. 10, 1966	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure None	Casing Pressure None	Choke Size 2"
Actual Prod. During Test 57 6 bbls	Oil - Bbls. 6 bbls	Water - Bbls. 31	Gas - MCF None

GAS WELL			
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		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 <u>SEP 10 1966</u> , 19	
		BY <u>W. H. Gussatt</u>	
		TITLE <u>OIL AND GAS INSPECTOR</u>	
(Signature) Bookkeeper (Title) November 4, 1966 (Date)		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.	