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| LAND OFFICE | |
| TRANSPORTER | OIL GAS |
| OPERATOR | |
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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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OCT 16 1968

O. C. C.
ARTESIA OFFICE

I. OPERATOR
S. P. Yates

ADDRESS
207 South 4th Street - Artesia, New Mexico 88210

Reason(s) for filing (Check proper box) Other (Please explain)

| | | |
|--|---|-------------------------------------|
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: | |
| Reopening Well <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 Anderson | Well No. Pool Name, Including Formation 1 Undesignated | Kind of Lease State, Federal, or Fee Federal |
| Location | | |
| Unit Letter J | 2080 Feet From The South Line and | 1700 Feet From The East |
| Line of Section 11 | Township 20S | Range 26E, 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"/> 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 Sec. Twp. Rge. Is gas actually connected? When. |
| | J 11 20S 26E No |

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 7-13-68 | Date Compl. Ready to Prod. 10-14-68 | Total Depth 546' | P.B.T.D. 546' | | | | | | |
| Pool Undesignated | Name of Producing Formation Queen Sand | Top Oil/Gas Pay 504' | Tubing Depth 510' | | | | | | |
| Perforations None - Open Hole | | | Depth Casing Shoe 504 | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | | |
| 10-3/4" | 8-5/8" | 214' | 50 SK CINC. | | | | | | |
| 8" | 7" | 504' | 70 SK | | | | | | |
| | 2 3/8" | 510 | | | | | | | |

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 8-6-68 | Date of Test 10-14-68 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 | Tubing Pressure 15# | Casing Pressure 15# | Choke Size None |
| Actual Prod. During Test 10 | Oil - Bbls. 7 | Water - Bbls. 3 | Gas - MCF TSTM |

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

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.

Paul White
(Signature)

Engineer

(Title)

10-15-68

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY *W. A. Gressett*

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