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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-11
Effective 1-1-65

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MAY 13 1975

I. Operator
Texas Oil & Gas Corp. ✓
Address: **O. C. C.**
Artesia, Office
Drawer 591, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinhead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Yates Federal	Well No. 3	Pool Name, Including Formation Burton Flat (Morrow)	Kind of Lease State, Federal or Fee Fed
Location Unit Letter <u>E</u> , <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>17</u> , Township <u>20S</u> , Range <u>29E</u> , NMPM, <u>Eddy</u> 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"/> The Permian Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinhead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Delhi Gas Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) Box 634, Midland, Texas 79701					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 17	Twp. 20S	Rge. 29E	Is gas actually connected? Yes	When 4-28-75

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'y.	Diff. Res'y.
		X	X					
Date Spudded 1-21-74	Date Comm. Ready to Prod. 3-8-74		Total Depth 11,751		P.R.T.D. 11,666			
Pool Burton Flat	Name of Producing Formation Morrow		Top Oil/Gas Pay 11,200		Tubing Depth 11,213			
Perforations 11,346-60, 11,398-416, 11,445-451					Depth Casin Shoe 11,751			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	13-3/8		617		650			
12-1/4"	8-5/8		3,108		1900			
7-7/8"	4-1/2		11,751		650			

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
105	60"	0	
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
back pr.	2295	pkc	14/64

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.

D. L. Murphy
(Signature) G. L. Murphy
District Production Manager
(Title)

May 8, 1975
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 16 1975, 19
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

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.