

DISTRIBUTION			
SANTA FE		7	
F.H.C.		7	
D.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	7	
	GAS	7	
OPERATOR		7	
PRODUCTION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWANCE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Superseding Old O-104 and O-105
Effective 1-1-65

RECEIVED

NOV 2 1977

O. C. C.
ARTESIA OFFICE

Harvey E. Yates Company
Address
P.O. Box 1933, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐	AMEND OPERATORS NAME AND ADDRESS	
Recompletion ☐	Coalinghead Gas ☐ Condensate ☐		
Change in Ownership ☐			

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Fannie Lou Federal	1	Scanlon Morrow	State, Federal or Fee Federal	NM-1967
Location				
Unit Letter	G	1980 Feet From The North Line and 1980 Feet From The East		
Line of Section	31	Township 20S Range 29E, NMPM, Eddy	County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purchasing Company	N. Freeman Ave., Artesia, NM 88210-Att: Jim Mill					
Name of Authorized Transporter of Coalinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Transwestern Pipeline Company	P.O. Box 2521, Houston, Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	31	20S	29E	Yes	2/2/77

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Fract.	Diff. Re
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Locations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 oil able 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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Albert J. Samuel
(Signature)

Production Clerk

(Title)

October 31, 1977

(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 22 1977, 19

BY *W. A. Gussett*

TITLE *APPROVED DISTRICT #*

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the flow tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on now and is completed wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.