ſ	NO. OF COPIES RECEIVED			
	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104
	SANTAFE		FOR ALLOWABLE	Supersede Old C-104 and C-11
	U.S.G.S.		AND	
	LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATU	RAL GAS
	I RANSPORTER OIL			1000
	GAS /			MAY 8 1988
	OPERATOR 2			OIL CON COM
1.	Operation Office On Communication Office One Communication Operation Operation One Communication Office One Communication One Communicatio			
	B. H. Keyes			
	Address			
	F. O. Box 842 Reason(s) for filing (Check proper box)	Aztec, New Mexico	04. (01.	
	New Well	Change in Transporter of:	Other (Please expla.	ī.
	Recompletion	Oil Dry Ga	s [
	Change in Ownership X	Casinghead Gas Conden	sate	
	If change of ownership give name			
	and address of previous owner	Frank Yockey 821 C	restview Drive Farm	mington, New Mexico
11	DESCRIPTION OF WELL AND	FASE		
11.	Lease Name	Well No. Pool Name, Including Fo		Lease Leas No.
	Yockey	2 West Kutz	State,	Federal NM-020496
	Location 14.	50 Dorth	1450	
	Unit Letter F : 165	Feet From The South Lin	e and <u>1650</u> Fee	t From The West
	Line of Section 20 Tow	vnship 27N Range]	IIW , NMPM,	San Juan County
!	20	2/1		
III.		TER OF OIL AND NATURAL GA	S	
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which	s approved copy of this form is to be sent)
	Name of Authorized Transporter of Cas	singhead Gas X or Dry Gas	Address (Give address to which	h approved copy of this form is to be sent)
	El Paso Natural Gas C	_	F. O. Box 990	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	Wher
	give location of tanks.	1 1 1	Yes	October 26, 1959
	If this production is commingled with that from any other lease or pool, give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Des	
				een – Flug Back [†] Same Res ' v. [†] Diff. Res'v .
	Designate Type of Completic	on = (X)	New Well Workover Des	e-en Flug Back Same Resty. Diff. Resty
	Designate Type of Completic	on - (X) Date Compl. Ready to Prod.	Total Depth	F.B.T.D.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
			! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date Spudded Elevations (DF, RKB, RT, GR, etc.,	Date Compl. Ready to Prod.	Total Depth	F.B.T.D. Tubing Depth
	Date Spudded Elevations (DF, RKB, RT, GR, etc.,	Date Compl. Ready to Prod. Name of Producing Formation	Total Depth Top Oti/Gas Pay CEMENTING RECORD	F.B.T.D. Tubing Depth Depth Casing Shae
	Date Spudded Elevations (DF, RKB, RT, GR, etc.,	Date Compl. Ready to Prod. Name of Producing Formation	Total Depth Top Cli/Gas Pay	F.B.T.D. Tubing Depth
	Date Spudded Elevations (DF, RKB, RT, GR, etc., Perforations	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AND	Total Depth Top Oti/Gas Pay CEMENTING RECORD	F.B.T.D. Tubing Depth Depth Casing Shae
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v.	Date Spudded Elevations (DF, RKB, RT, GR, etc., Perforations HOLE SIZE TEST DATA AND REQUEST F	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AND CASING & TUBING SIZE OR ALLOWABLE (Test must be a	Total Depth Top Oti/Gas Pay CEMENTING RECORD DEPTH SET	F.B.T.D. Tubing Depth Depth Casing Shae
v.	Date Spudded Elevations (DF, RKB, RT, GR, etc., Perforations HOLE SIZE TEST DATA AND REQUEST FOOLL WELL	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AND CASING & TUBING SIZE OR ALLOWABLE (Test must be a able for this de	Total Depth Top Oti/Gas Pay CEMENTING RECORD DEPTH SET fter recovery of total volume of pth or be for full 24 hours)	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT Load oil and must be equal to or exceed top allow
V.	Date Spudded Elevations (DF, RKB, RT, GR, etc., Perforations HOLE SIZE TEST DATA AND REQUEST F	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AND CASING & TUBING SIZE OR ALLOWABLE (Test must be a	Total Depth Top Oti/Gas Pay CEMENTING RECORD DEPTH SET	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT Load oil and must be equal to or exceed top allow
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v.	Date Spudded Elevations (DF, RKB, RT, GR, etc., Perforations HOLE SIZE TEST DATA AND REQUEST FOOIL, WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AND CASING & TUBING SIZE OR ALLOWABLE (Test must be a able for this de Date of Test Tubing Pressure Oil-Bbis.	Total Depth Top Oti/Gas Pay CEMENTING RECORD DEPTH SET fiter recovery of total volume of pth or be for full 24 hours) Producing Method (Flow, pump Casing Pressure) Water-Bbis.	P.B.T.D. Taking Depth Depth Casing Shoe SACKS CEMENT Sacks Cement Sacks Cement Coad oil and must be equal to or exceed top allow Do, gas lift, etc.) Choke Size Gas-MCF Gravity of Condensate
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This form is to be filed in compliance with RULE 1104.

TITLE .

(Signature)

May 8, 1968 (Date)

Owner (Title)

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 weils.

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 multiply completed wells.