

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

Form O-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

NO. OF COPIES RECEIVED
 DISTRIBUTION
 SANTA FE
 FILE
 U.S.G.S.
 LAND OFFICE
 TRANSPORTER OIL GAS
 OPERATOR
 PRORATION OFFICE

RECEIVED



I. Operator
 Yates Petroleum Corporation
 Address
 207 South Fourth Street, Artesia, New Mexico 88210
 Reason(s) for filing (check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

E. O. O.
ARTESIA, OFFICE

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

II. DESCRIPTION OF WELL AND LEASE
 Lease Name Spurrk State # Well No. 3 Pool Name, including Formation Red Lake Kind of Lease State, Federal or Fee State
 Location
 Unit Letter E 2310 Feet From The North Line and 990 Feet From The West
 Line of Section 15 Township 17S Range 28E, NMPM, Eddy County

III. 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 Refining Company Pipe Line Div. P. O. Box 67, Artesia, New Mexico 88210
 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)
 Phillips Petroleum Co. Box 666 Odessa Texas Bartlesville, Oklahoma
 If well produces oil or liquids, give location of tanks. Unit P Sec. 15 Twp. 17S Rge. 28E Is gas actually connected? yes When July, 1960

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 Rest'v. Diff. Rest'v.
 Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
 Pool 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

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
 Testing Method (pilot, 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.
 Signature
 Production Clerk
 6/20/69
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED JUN 26 1969 19
 BY W. A. Gressitt
 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 2-111.
 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.