NO. OF COPIES RECEIVED		4.			
DISTRIBUTION				NEW MEXICO OIL CONSERVATION COMMISSION	Form C-104
SANTA FE		ŕ		REQUEST FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65
FILE		1		AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED	
U.S.G.S.					
LAND OFFICE				RECEIVED	
TRANSPORTER	OIL	7			
	GA5			OCT 2 0 1971	•
OPERATOR		1		00, 20,071	
PRORATION OFFICE					

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

	SANTAFE		AND					
-	U.S.G.S.			GAS				
-	LAND OFFICE	AUTHORIZATION R'E'C'E	ISPORT OIL AND NATURAL ( E <b>I V E D</b>					
⊢	OIL /							
1	OCT 2 0 1971							
	OPERATOR /	0012	0 1971					
_ }	PRORATION OFFICE	· .						
1.	Operator		3. C.	·				
- 1	Yates Petroleum Con	cporation V ARTESIA	, OFFICE					
- F	Address							
	207 South 4th Stree	et - Artesia, New Me	xico 88210					
ŀ	Reason(s) for filing (Check proper box)		Other (Please explain)	The state of the s				
1	New Well	Change in Transporter of:	CASINGHEAD	GAS MUST NOT BE				
ļ	Recompletion	Oil Dry Gas	FLARED AFTE	ER				
ł	Change in Ownership	Casinghead Gas Condens	INLESS AN I	EXCEPTION TO R-4070				
	If change of ownership give name		18 OBTAINED	En 7-48				
	and address of previous owner							
II.	DESCRIPTION OF WELL AND L	Well No. Pool Name, Including For	rmation Kind of Lea	Lease No.				
1	Jackson Estate BY	5 Eagle Creek		al or Fee Fee				
- }	Location							
1	± 231∩	Feet From The North Line	e and 330 Feet From	The East				
	Unit Letter H ; 2310							
	Line of Section 21 Town	nship 17S Range 25	E , NMPM, Ed	dy County				
1	Line of Section							
TTI	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S (C) - House to which carry	oved copy of this form is to be sent)				
	Name of Authorized Transporter of Oli	& St Condensate	,	ſ				
	The Scurlock Oil C	ompany	412 Bldg. of Southwest, Midland, Texas Address (Give address to which approved copy of this form is to be sent)					
	Name of Authorized Transporter of Cas.	inghead Gas or Dry Gas						
		Unit Sec. Twp. Rge.	Is gas actually connected?	Then				
	If well produces oil or liquids,	1 0000	No					
	give location of tanks.	l	<u> </u>					
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:					
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.				
	Designate Type of Completio	n - (X) $X$	x					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	9-21-71	10-7-71	1547'	1505				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	3546' GL	San Andres	1299'	1279 Depth Casing Shoe				
	Perforations	2000 2460		1505'				
		1299-1460½		1505				
			DEPTH SET	SACKS CEMENT				
	HOLE SIZE	CASING & TUBING SIZE	456'	200				
		1 10 3/4 32#	430	500				
	13 3/4"		11221					
	13 3/4" 9 7/8"	7" 23#	1122'	125				
	13 3/4"		<del></del>					
	13 3/4" 9 7/8" 6 1/4"	7" 23# 45" 9.5#) Tapered 52" 14# }	486' )1505' 1009')	125				
v	13 3/4" 9 7/8" 6 1/4"  . TEST DATA AND REQUEST F	7" 23# 4½" 9.5#) Tapered 52" 14#)	486') 1505' 1009')  Ifter recovery of total volume of load (epth or be for full 24 hours)	125 pil and must be equal to or exceed top allow-				
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v	9 7/8" 6 1/4"  . TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks 10-7-71  Length of Test	7" 23#  45" 9.5#) Tapered  52" 14#)  OR ALLOWABLE (Test must be a able for this do	486 1009 1005 1009 1000 1000 1000 1000 1000	125 pil and must be equal to or exceed top allow-				
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V	13 3/4" 9 7/8" 6 1/4"  . TEST DATA AND REQUEST FOOIL WELL Date First New Oil Run To Tanks 10-7-71 Length of Test 24 Actual Prod. During Test 41  GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)  I. CERTIFICATE OF COMPLIAN I hereby certify that the rules and Commission have been complied above is true and complete to the Complete Comple	7" 23#  43" 9.5#) Tapered  52" 14#)  OR ALLOWABLE (Test must be a able for this do  Date of Test  10-15-71  Tubing Pressure  Oil-Bbis.  25  Length of Test  Tubing Pressure (Shut-in)  ICE  regulations of the Oil Conservation with and that the information given with and that the information given best of my knowledge and belief.	A86 1 1505 1 1009 1  Ifter recovery of total volume of load of epth or be for full 24 hours)  Producing Method (Flow, pump, gas Pumping  Casing Pressure  Water-Bbls.  16 BLW  Bbls. Condensate/MMCF  Casing Pressure (Shut-in)  OIL CONSER OCT & Constant of this form is to be filed if this is a request for event, this form must be accounted to the state taken on the well in a shie on new and recomplete.	I 125  coll and must be equal to or exceed top allowers, lift, etc.)  Choke Size  Gas-MCF TSTM  Gravity of Condensate  Choke Size  CATION COMMISSION  1971  1971  190  SIRSPECTOR  in compliance with RULE 1104.  Illowable for a newly drilled or deepene mpanied by a tabulation of the deviation condense with RULE 111.  In must be filled out completely for allowed wells.				
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