

DISTRIBUTION		4
ANTAF		1
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U.S.G.S.		
AND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		1
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

RECEIVED

JUL 16 1974

I. Operator
HARVEY E. YATES COMPANY
Address
112 North First 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 ☐
Other (Please explain)
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 9-14-74
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINED
If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Yates Federal	Well No. 18	Pool Name, Including Formation McMillan, S. R. Queen	Kind of Lease State, Federal or Foreign Federal	Lease No. 10-063567
Location Unit Letter I ; 1650 Feet From The South Line and 990 Feet From The East Line of Section 6 Township 20S Range 27E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing	Address (Give address to which approved copy of this form is to be sent) North Freeman Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Test tank	Unit I Sec. 6 Twp. 20S Rge. 27E Is gas actually connected? When

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6/1/74	Date Compl. Ready to Prod. 7/10/74	Total Depth 585	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3372	Name of Producing Formation Seven Rivers	Top Oil/Gas Pay 536	Tubing Depth					
Perforations DH 536-85	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE 8"	CASING & TUBING SIZE 7"	DEPTH SET 536	SACKS CEMENT circulated
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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 7/14/74	Date of Test 7/14/74	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure None	Casing Pressure None	Choke Size
Actual Prod. During Test 46 BO	Oil-Bbls. 46 BO	Water-Bbls. None	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.

James R. Monroe
(Signature)
FIELD SUPERINTENDENT
(Title)
July 15, 1974
(Date)

OIL CONSERVATION COMMISSION
JUL 18 1974

APPROVED _____, 19____
BY W. A. Gressett
OIL AND GAS INSPECTOR
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 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
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.
Duplicate Form C-104 must be filed for each part in multiple.