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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-110  
Effective 1-1-65

Nov 11 3 22 PM '65

I. **Yates Drilling Company**  
**309 Carper Building, Artesia, New Mexico**  
Reason for filing (check proper box) Other (Please explain)  
New Well ☐ Change in Transporter ☐  
Transporter ☐ Oil ☐ Dry Gas ☐  
Transporter ☐ Throughput Gas ☒ Condensate ☐

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Lillie M. Yates** Well No. **1** Pool Name, Including Formation **Allison Penn** Kind of Lease **Fed.**  
State, Federal or Fee  
Section **N 660** Feet From The **South** Line and **1924.6** Feet From The **West**  
Line **31** Township **8S** Range **37E** NMCM, **Roosevelt** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**Magnolia Pipe Line Company** Address (Give address to which approved copy of this form is to be sent)  
**Box 900, Dallas 21, Texas**  
Name of Authorized Transporter of Gas ☒ or Dry Gas ☐  
**Capitan, Inc.** Address (Give address to which approved copy of this form is to be sent)  
**P.O. Box 19598, Dallas, Texas 75219**  
If well produces oil or liquid, how much, bbls. per day. **M 31 8S 37E** Is gas actually connected? **Yes** When **9/1/61**

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 Res'v. Diff. Res'v. ☐  
Time Spent ☐ Time to Drill, Ready to Prod. ☐ Total Depth ☐ P.A.T.D. ☐  
Time of Producing Formation ☐ Top Oil/Gas Pay ☐ Tubing Depth ☐  
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)

Time from Flow to Test ☐ Date of Test ☐ Producing Method (flow, pump, gas lift, etc.) ☐  
Length of Test ☐ Tubing Pressure ☐ Casing Pressure ☐ Choke Size ☐  
Actual Flow During Test ☐ Oil-Bbls. ☐ Water-Bbls. ☐ Gas-MCF ☐

GAS WELL

Actual Flow Test-MCF/D ☐ Length of Test ☐ Bbls. Condensate/MCF ☐ Gravity of Condensate ☐  
Testing Method (pitot, 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.

OIL CONSERVATION COMMISSION

APPROVED

19

BY

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 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.

Office Manager

11/10/65

(Date)