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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND **HOBBS OFFICE O. C. C.**
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JUN 29 2 21 PM '67

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-66

Operator S. P. Yates	
Address 207 South Fourth St., Artesia, N. M.	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name LMY	Well No. 1 Pool Name, including Formation Allison Penn	Kind of Lease State, Federal or Fee Fed.
Location		
Unit Letter D	660 Feet From The North Line and 660 Feet From The WEST East	
Line of Section 33	Township 8S Range 37E	NMPM, Roosevelt 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"/> Mobil Oil 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 Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Oil Co.	Address (Give address to which approved copy of this form is to be sent, Bartlesville, Oklahoma	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 33 Twp. 8S Rge. 37E
	Is gas actually connected? Yes	When 10/1/61

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.
Date Spudded	Date Compl. Ready to Proc.	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 (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.

Hugh B. Perry
(Signature)
Office Manager
(Title)
6/25/ 1967
(Date)

OIL CONSERVATION COMMISSION	
APPROVED	6/20/1967 , 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.