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 TRANSPORTER OIL \_\_\_\_\_ GAS \_\_\_\_\_  
 OPERATOR \_\_\_\_\_  
 PRORATION OFFICE \_\_\_\_\_

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

Form O-114  
 Supersedes Old O-101 and O-110  
 Effective 1-1-65

FILED IN OFFICE O.C.C.  
**JUN 29 2 21 PM '67**

**I. OPERATOR**  
 Name: Yates Drilling Company  
 Address: 207 So. Fourth St., Artesia, New Mexico  
 Reason(s) for filing (Check proper box):  
 New Well  Change in Transporter of:  
 Working Well  Oil  Dry Gas   
 Change in Working  Casinghead 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.: 3 Pool Name, including Formation: Allison Penn Kind of Lease: State, Federal or Fee Paid  
 Location:  
 Unit Letter: F , 1980 Feet From The North Line and 1924 Feet From The West  
 Line of Section: 31 Township: 8S Range: 37E , NMPM, Roosevelt County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
 Name of Authorized Transporter of Oil  or Condensate   
Mobil Oil Company Address (Give address to which approved copy of this form is to be sent):  
P. O. Box 900, Dallas 21, Texas  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
Cities Service Oil Company 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: M Sec: 31 Twp: 8S Rge: 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: \_\_\_\_\_

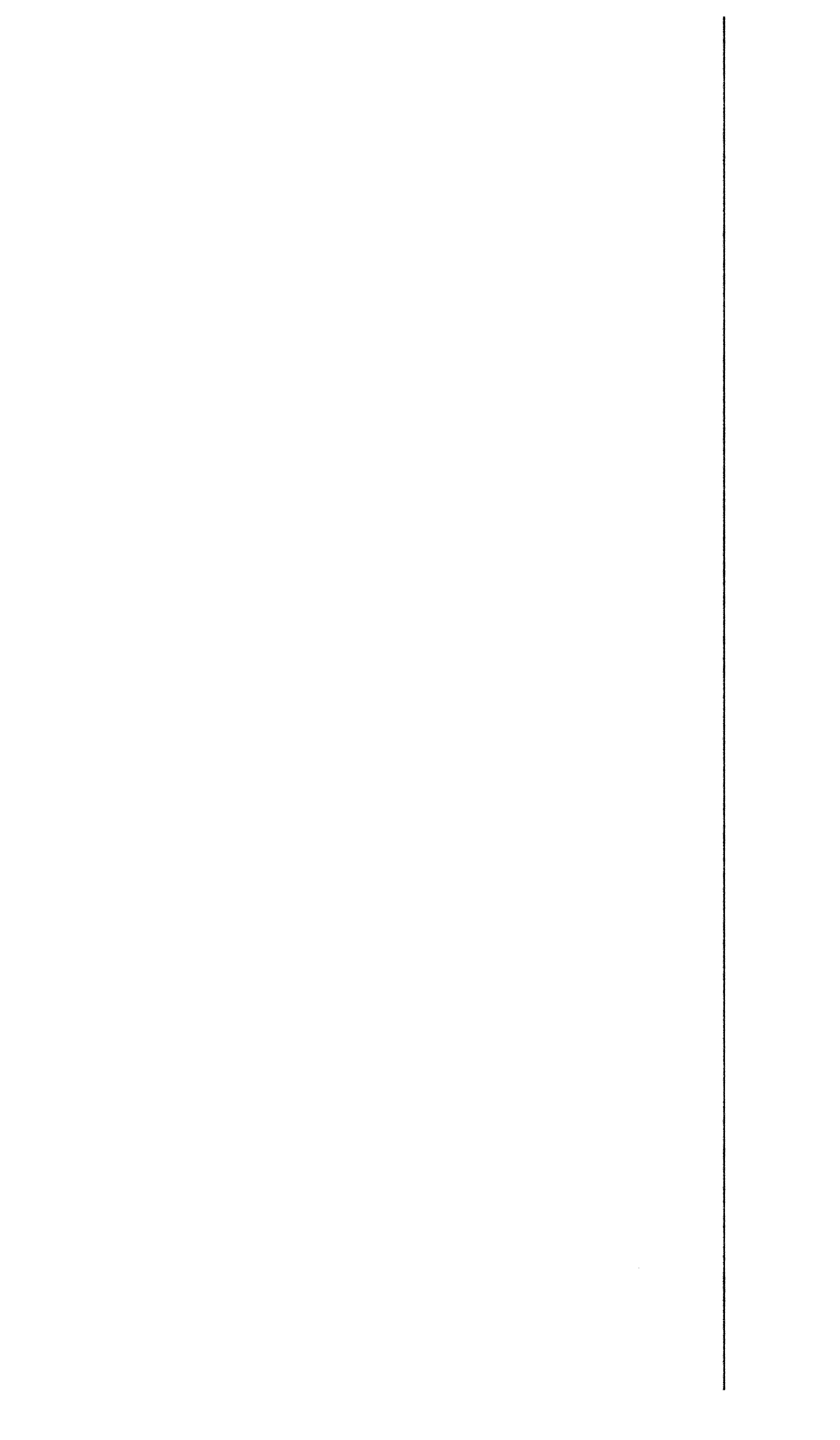
**IV. COMPLETION DATA**  
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.  
 Date Spudded \_\_\_\_\_ Date Compl. Ready to Prod. \_\_\_\_\_ Total Depth \_\_\_\_\_ P.B.T.D. \_\_\_\_\_  
 Pool \_\_\_\_\_ Name of Producing Formation \_\_\_\_\_ Top Oil/Gas Pcy \_\_\_\_\_ Tubing Depth \_\_\_\_\_  
 Perforations \_\_\_\_\_ Depth Casing Shoe \_\_\_\_\_  
**TUBING, CASING, AND CEMENTING RECORD**  
 HOLE SIZE CASING & TUBING SIZE DEPTH SEET 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 Perforation Test \_\_\_\_\_ Oil-Bbls. \_\_\_\_\_ Water-Bbls. \_\_\_\_\_ Gas-MCF \_\_\_\_\_

**GAS WELL**  
 Actual Perforation Test-MCF/D \_\_\_\_\_ Length of Test \_\_\_\_\_ Bbls. Condensate/MCF \_\_\_\_\_ Gravity of Condensate \_\_\_\_\_  
 Tubing Method (pitot, back pt.) \_\_\_\_\_ 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)  
**Office Manager**  
 \_\_\_\_\_  
 (Title)  
6/28/67  
 (Date)

**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 all allowable on new and recompleted wells.  
 Fill out Sections I, II, III, and VI only for changes in well or well name or number, or transporter or other such change of conditions.  
 Separate Forms O-104 must be filed for each pool in all newly completed wells.



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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 17 3 29 PM '65**

**I. Operator**  
**Yates Drilling Company**

**Address**  
**309 Carper Building, Artesia, New Mexico**

Reason(s) for filing (Check proper box)      Other (Please explain)

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 <b>Lillie M. Yates</b>	Well No. <b>3</b>	Pool Name, including Formation <b>Allison Penn</b>	Kind of Lease State, Federal or Free <b>Fed.</b>
Location: Unit Letter <b>F</b> ; <b>1980</b> Feet From The <b>North</b> Line and <b>1924</b> Feet From The <b>West</b> Line of Section <b>31</b> , Township <b>8S</b> Range <b>37E</b> , NMPM, <b>Roosevelt</b> 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"/> <b>Magnolia Pipe Line Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 900, Dallas 21, Texas</b>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Capitan, Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 19598, Dallas, Texas 75219</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>M</b>	Sec. <b>31</b>	Twp. <b>8S</b> Rge. <b>37E</b>
	Is gas actually connected? <b>Yes</b>		When <b>9/1/61</b>

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 Prod.		Total Depth			P.B.T.D.		
Dev.	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.

*Stephen W. Carney*  
 (Signature)  
**Office Manager**

(Title)  
**11/10/65**  
 (Date)

**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.

311, 312, 313