	NUL OF COPIES REC. IVED									
	DISTRIBUTION SANTA FE	NEW MEXICO CIL CONSERVATION COMMISSI , EVEN 0+154 NTA FE REQUEST FOR ALLOWARHERS DEFICE , The Supervised of the Supervi								
	U.S.G.S. LAND OF F.CE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
	TRANSPORTER OIL GAS				*// 01					
_	OPERATOR PRORATION OFFICE									
1.										
	Yates Drilling Company         Annow         207 So. Fourth St., Artesia, New Mexico         Reduce(s) for filing (Check proper box)         Other (Please explain)									
	the wither in Change in Transporter of:									
	", nope n. – wroesdag 🗍	Casinghead G		ensate						
	If change of ownership give name and address of previous owner									
П.	DESCRIPTION OF WELL AND	LEASE								
	Lease Dame Lillie M. Yates	3	1	ame, Including Pormation Allison Penn	Kind of Lease State, Federal or Feel Findle					
	Cosmon Unit LetterFi	980_ Feet From T	<u>North</u> _L	ine andF	eat From The West					
	Line a Ception 31 , To	wnship 85	Range	37E , NMPM,	Robsevelt					
	DESIGNATION OF TRANSPOR	TER OF OIL AN	D NATURAL G	AS						
	Name of Authorized Transporter of Ci Mobil Oil Compar	. 🗙 or Conde		Address (Give address to wh	ich approved copy of this form is to be set () ), Dallas 21, Texas					
	Name of Asthorized Transporter of Ca	singhead Gas 式		Address (Give address to wr	ish appreved copy of this form is to be sent.					
	Cities Service (	Unit Sec.	Twp. Rge.	Bartlesville, Is gas actually connected?	WI en					
	give location of tanks.	<u>M</u> 31	8S 37E		9/1/61					
īv.	If this production is commingled wi COMPLETION DATA									
	Designate Type of Completi	on $-(X)$ on $(X)$	əli Gas Wəli	New Well Workover D	eepen – Plug Back – Same Resfy, Dim, Resfy, 					
	Date Spusdea	Date Compl. Read	y to Pred.	Notal Depth	P.B.T.D.					
	[-oc]	Name of Producing	g Pormation	Top Oil/Gcs Pey	Tubing Depth					
	Periorations	_i			Depth Casing Shoe					
	HOLESIZE		ING, CASING, AI TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT					
		CASING a								
					· · · · · · · · · · · · · · · · · · ·					
37	TEST DATA AND REQUEST F	OP AT LONARY	E (Tost pour la		fload of, and must be equal to or exceed top and a					
۷.	OIL WELL	Date of Test		depth or be for full 24 hours) Producing Method (Flow, pu						
	Longth of Test	Tubing Pressure		Casing Pressure	Choke Size					
	Actual Frei, During Test	Çil-bils.		Wuter-Bbls.	Gas-MCF					
	GAS WELL									
	Astro. From Thot-MOFZD	Length of Test		Bbls. Condensate/MMCF	Gravity of Condensiste					
	Tooting Method (pitot, back pr.)	Tubing Pressure		Casing Pressure	Choke Size					
VI	. CERTIFICATE OF COMPLIAN				ISERVATION COMMISSION					
•	L CERTIFICATE OF COMPLIANCE			APPROVED						
	I hereby certify that the rules and Commission have been complied above is true and complete to th	with and that the	information give							
	in the and complete to th			TITLE						
	-1/10/	ALION D			filed in Sampliance with RULE 1104.					
	(Signature) (Signature) Office Munager (Title)			<ul> <li>If this is a request for allowable for a newly diffied or despected well, this form must be decomplated by a tabulation of the deviation tests taken on the well in accordance with BULE 111.</li> <li>All sections of this form must be filled out completely for all se-</li> </ul>						
	6/2	8/67		able on new and recon- Fill out Sections	I. H. H., and VI only for changes of owner-					
	(1)	Fater		well name or number, of	transpoter, or other such change of communi-					

well name of number,	or tran	sho re	T, OI	COLOR	200	11 × 11 )		1. 5	
Separate Forms	C-104	ma st	be	faled	for	ener	200		a site a
completed wells.									

NO. OF COPIES RECEIVED		NEW MEXICO OIL C REQUEST		Form C-104 Supersedes Old C-104 and C Effective 1-1-65					
U.S.G.S. LAND OFFICE I RANSPORTER GAS OPERATOR PRORATION OFFICE	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS 3 23 PN '55								
C perator	Aling Comp	anv							
309 Carper Building, Artesia, New Mexico									
Reason(s) for filing (Check proper b New Well Recompletion Charles in Connership	iox)	ransporter of:	Other (Please ex	plain)					
If change of ownership give name and address of previous owner									
DESCRIPTION OF WELL AN	D LEASE								
Leuse licte Lillie M. Yates		Well No. Pool Na 3 A	me, Including Formation 111500 Penn		Kind of Lease State, Federal or File <b>Fed</b>				
Location. P 1 Ohit Letter ;	980	North	1924		West				
31	85		37 <b>E</b>	Rooseve					
Line of Section	Fownship	Range	, NMPM,			Coun			
DESIGNATION OF TRANSPO Name of Authorized Transporter of	Dil 🗂 or Conc	ND NATURAL GA	Address (Give address to u			be sent)			
Magnolia Pipe Lin		or Dry Gas	Box 900, Dalla Address (Give address to u			be sent)			
Capitan, Inc.			P.O. Box 19598	B, Dallas	s, Texas 7	5219			
If well produces oil or liquids, give location of tanks.	M Sec.	<sup>Twp</sup> <b>85</b> 37 <b>E</b>	is gas actually connected?	When	9/1/61				
If this production is commingled	with that from any	other lease or pool,	give commingling order nu	ımber:					
COMPLETION DATA Designate Type of Comple	tion $-(X)$	Well Gas Well	New Well Workover	Deepen   Plu	ig Back   Same Res*	v. Diff. Re			
Date Spudded	Date Compl. Rea	dy to Prod.	Total Depth	P.1	B.T.D.	:			
1 661	Name of Produci:	ng Formation	Top Oil/Gas Pay	Tu	bing Depth				
Perforations			De	pth Casing Shoe					
	דטו	BING, CASING, AND	CEMENTING RECORD						
HOLE SIZE	CASING &	TUBING SIZE	CEPTH SET		SACKS CEME	ENT			
TEST DATA AND REQUEST OIL WELL	FOR ALLOWABI	LE (Test must be a able for this de	fter recovery of total volume pth or be for full 24 hours)	of load oi: and $m$	nust be equal to or ex	ceed top a			
Date First New Oil Run To Tanks	Date of Test		Producing Method (Flow, p	etc.)					
Length of Test	Tubing Pressure		Casing Pressure	Ch	oke Size				
Actual Prod. During Test	Oil-Bbls.		Water-Bbls.	Ga	s-MCF				
GAS WELL									
Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMCF	Gro	avity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure		Casing Pressure	Ch	oke Size				
CERTIFICATE OF COMPLIA	OIL CONSERVATION COMMISSION								
I hereby certify that the rules ar Commission have been complied	d with and that the	e information given	APPROVED	<u>`</u>	, 1				
above is true and complete to	the best of my kno	owledge and belief.	R						
	وسد در		TITLE						
Hough 20. C	12-124		If this is a reques	t for allowable	liance with RULE for a newly drilled	d or deepe			
Office	well, this form must be tests taken on the we	e accomp∍nied 11 in accordanc	by a tabulation of e with RULE 111.	the devia					
	(Title)				e filled out complet	ely for all			
<b>1.1/10/65</b> (Date)			able on new and recompleted wells. Fill cut Sections I, II, III, and VI only for changes of ow well name or number, or transporter, or other such change of condit Separate Forms C-104 must be filed for each pool in mult completed wells.						

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