STATE OF NEW MEXICO	-		form C-104
BIATE OF MOVIMENT			Revised 10-1-78
1115 1 M 101 11 10 M	P. O. BOX 2000 SANTA FE, NEW MEXICO 87501		
FANTA / E	5///// 12, //2/	······································	
U 1.0.0.	REQUEST FOR		
10481P007ER 046	AUTHORIZATION TO TRANSPO		
PAGRATION OFFICE			
Yates Petroleu			
207 South 4th	St., Artesia, NM 88210	Other (Please explain)	·
Reason(s) for filing (Check proper bax) New Well	Change in Transporter of:	Effective March 1	, 1985
Recompletion	Oil X Dry Gas Casinghead Gas Condens		
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including Fo		NM-0558018 Lease No.
Union "SI" Federal	1 Tomahawk SA	Sidle, Federor	• F•• Federal
Unit Letter : D;660	Feet From The North Line	and 660 Feel From Ti	• West
	nship <u>85 Range</u>	31 E , NMPM, Chave	2S County
DESIGNATION OF TRANSPORT	FR OF OIL AND NATURAL GA	s	
Nome of Authorized Transporter of Cli	Dermise /Sft Q / 1 /971	DO Boy 1183 Houston,	rx 77001
The Permian Corporation Address (Give address to which approved copy of this form is to Name of Authorized Transporter of Casinghead Gas X) or Dry Gas Address (Give address to which approved copy of this form is to Name of Authorized Transporter of Casinghead Gas X) or Dry Gas		ed copy of this form is to be sent;	
Cities Service Oil Co.	Unit Sec. Twp. Rge.	Is gas octually connected? When	
Give Incolling of rounds	D 1 8s 31e	Yes	3-20-83
If this production is commingled wit . COMPLETION DATA	h that from any other lease or pool,	New Well Workover Deepen	Plug Back Same Res'v. Dill. Res'v.:
Designate Type of Completio	n – (X)		P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Otl/Gas Pay	Tubing Depth
Perforations	<u> </u>		Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	
	1 1		i
. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be of able for this de	pth or be for juli 24 hours	and must be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test	Producing Kethod (Flow, pump, gas lij	r, etc.,
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Water-Bbls.	Gas-MCF
GAS WELL	Length of Test	Bble. Condensate/MMCF	Gravity of Condeneate
		(Casing Pressure (Shut-10)	Chote Size
Teeting Method (pirat, back pr.)	Tubing Pressure (Shut-in)		
. CERTIFICATE OF COMPLIAN	CE	FEB 2 5 1	
I hereby certify that the rules and regulations of the Oll Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED	
Franta Dordlett		This form is to be filed in compliance with FULE 1104. If this is a request for allowable for a newly drilled or deepensu well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation	
(Signature) Production Supervisor		All sections of this form must be filled out completely for allow- able on new and recompleted walls.	
(Tule)			
2-21-85 (Dute)		well name or number, or transport Separate Forms C-104 num	ter, or other such change of condition. It is filed for sech pool in multiply
		completed walls.	

