HISTRIBUTION		CONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C Effective 1-1-65
IER	A THORIZATION TO TR	ANSPORT OIL AND NATURAL (245
S.G.S.	AUTHORIZATION TO TR	ANSFORT OIL AND NATORAL	,
OIL			
GAS OPERATOR			
PRORATION OFFICE			
Operator			
Harvey E. Yates	Company Inc.		
Address		lding, Roswell, New Mexi	co 88201
Reason(s) for filing (Check proper box.	Tity National Bank	Other (Please explain)	
New We!I	Change in Transporter of:		
	Ori Dry G	Gas 🗔	3/1/2/
Change in Ownership	Conde	ensate	1. 15 3.5 3.4 3.4 7.1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Change in Owner and			
f change of ownership give name and address of previous owner		1 0 0	
DESCRIPTION OF WELL AND	LEASE Cato Sa	Sommetica K-53	6 Lease :
Lease Name	West 110, 1900, name, indicating	r ormation Kina of Leas	alor Fee Fee
Graves	2 Siete-San A	Mar Car Land	0, 0, 1 00 - 2 - 2
Location		_	***
Unit Letter K 19	980 . Feet From The South	the and 1980 Feet From	The West
Onit Cetter			
Line of Section 6 Tox	washi: 8-S Range	31-E , NMPM, Chav	es Cour
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL G	IAS Address (Give address to which appr	oved copy of this form is to be sent;
	X or Condensate	P. O. Drawer 175, Arte	sia, N.M. 88210
Navajo Crude Oil Purc	hasing Co.	Address (Give address to which appr	oved copy of this form is to be sent)
Name of Authorized Transporter of Ca	sinatied: Gas or Dry Gas	And as a little aggress to make	• •
		is an actually connected?	her.
if w produces on or liquids,			
give location of tanks.	K 6 8-S 31-		
If this production is commingled wi	th that from any other lease or poo	 give commingling order number: 	
COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back the Hesty Diff. H
Designate Type of Completi	on $-(X)$	X	r .
	Dite Comp., Heady to Fred.	Total Depth	P.B.T.D.
Date Spudded	11-1-76	3810' KB	3773' КВ
10-3-76	Name of Francing Formation	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR etc.	;	3602'	3683'
4194.6 GR	San Andres	i	Depth Casing Shoe
4194.6 GR Perforations 3602, 3606, 36	08 - 3 Holes	10 2720 2720 2731 / Hold	a el
3664-3668, 3673-3676-	3678-3688 - 6 Holes/3/1	19-3729-3730-3731- 4 Hole	
	TUBING, CASING, A	ND CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	Circ 120
11"	8 5/8"	350'	
7 7/8"	4 1/2"	3810'	670
	2 3/8"	3574.47'	
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be	e after recovery of total volume of load o depth or be for full 24 hours)	il and must be equal to or exceed top
OII WELL		depth or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.)
Date First New Oil Bun To Tanks	Date of Test		
11-1-76	11-1-76	Pumping	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	
24 hrs	·		Gae - MCF
<u> </u>	C1 Et. 6	Water - Bbis.	
Actual Prod. During Test	44	16	TSTM
Actual Prod. During Test 60	44		
	44		
60			70-4-70-4-1
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
60			
GAS WELL Actual Prod. Test-MCF/D		Bbls. Condensate/MMCF Casing Pressure (Shut-in)	Gravity of Condensate Choke Size
GAS WELL	Length of Test		
GAS WELL Actual Prod. Test-MCF/D Testing Method (pitat, back pr.)	Length of Test Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
GAS WELL Actual Prod. Test-MCF/D	Length of Test Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	
GAS WELL Actual Prod. Test-MCF/D Testing Method (pitat, back pr.) CERTIFICATE OF COMPLIAN	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) OIL CONSERV	Choke Size
GAS WELL Actual Prod. Test-MCF/D Testing Method (pitat, back pr.) CERTIFICATE OF COMPLIAN	Length of Test Tubing Pressure (Shut-in)	OIL CONSER	Choke Size

(Signature)

(Title)

(Date)

Vice President

TITLE 1919

This form is to be filed in compliance with RULE 1104. If this is a request for sllowable 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 allow able on new and recompleted wells.

Fill out only Sections I. II. III, and VI 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

