

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Yates Drilling Company

Address
207 South 4th Street, Artesia, N.M. 88210

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)
Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Garner Federal</u>	Well No. <u>6</u>	Pool Name, including Formation <u>SE Chalky Caprock Queen</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-015807</u>
Location				
Unit Letter <u>E</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u>				
Line of Section <u>3</u> Township <u>13S</u> Range <u>31E</u> , NMPM, <u>Chaves</u> 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"/> <u>Navajo Refining Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 159, Artesia, N.M. 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>E</u> Sec. <u>3</u> Twp. <u>13S</u> Rge. <u>31E</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Karen J. Leishman
(Signature)

Production Clerk

(Title)

11/5/84

(Date)

OIL CONSERVATION DIVISION

APPROVED NOV - 7 1984, 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 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 completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
10-6-84	10-31-84	2850'		2830'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
4158' GL	Queen	2703'		2641'					
Perforations							Depth Casing Shoe		
2691'-2703'							2848.77'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	385'	250 sxs.
7 7/8"	5 1/2"	2848.77'	250 sxs.

V. TEST DATA AND REQUEST FOR ALLOWABLE (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.)	
10-20-84	10/31/84	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	100#	175#	1/2"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
58	58	0	304

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

ARTESIA FISHING TOOL COMPANY

P. O. BOX ~~650~~ PHONE (505) 746-6551
470

ARTESIA, NEW MEXICO 88210

Yates Drilling Company
207 South Fourth Street
Artesia, NM 88210

Re: Garner Federal #6
2310' FNL & 660' FWL
Sec. 3, T13S, R31E
Chaves County, New Mexico

Gentlemen:

The following is a Deviation Survey for the above captioned well.

DEPTH	DEVIATION
388'	1/2°
1005'	3/4°
1555'	3/4°
2019'	1°
2516'	1/4°
2850'	3/4°

Very truly yours,



B. N. Muncy Jr.
Secretary

BNM/rlg

STATE OF NEW MEXICO §
COUNTY OF EDDY §

The foregoing was acknowledged before me this 19th day of October, 1984.


NOTARY PUBLIC