	NO. OF COPIES RECE			
ĺ	DISTRIBUTION			
1	SANTA FE			
Ī	FILE			
	U.S.G.S.			
	LAND OFFICE			
	TRANSPORTER	OIL		
	TRANSFORTER	GAS		
	OPERATOR			
1.	PRORATION OFFICE			

	DISTRIBUTION . SANTA FE		NSERVATION COMMISS. !	Form C -104 Supersedes Old C-104 and C-110 Eifect.ve 1-1-65					
	FILE		AND						
	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GA	45					
	TRANSPORTER GAS								
	OPERATOR								
i.	PRORATION OFFICE								
	Yates Drilling Company								
	Address								
	207 So. 4th Street, Artesia, N.M. 88210								
	Reason(s) for filing (Check proper box)		Other (Please explain) Change lease n	ame from:					
	New Well	Change in Transporter of:	Cities Service	Angle A State to:					
	Recompletion Change in Cha	Oil Dry Gas Casinghead Gas Condens	Total Moreh War	uum Unit Tract 3					
Change in Ownership Casinghead Gas Condensate Table 1									
	If change of ownership give name and address of previous owner								
II.	DESCRIPTION OF WELL AND L	EASE	rmation Kind of Lease	Lease No.					
	Vacuum Unit Tract 3	Well No. Pool Name, Including Fo 2 Vacuum (G		orFee State E-754					
	Location Unit Letter 0; 198	OFeet From TheEast_Line	and 330 Feet From T	he South					
	Line of Section 2 Town	2 179 34E NIMPM Lea County							
***	DESIGNATION OF TRANSPORT	FR OF OU. AND NATURAL GAS	5						
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv	•					
	Mobil Pipeline Comp	any	Box 900, Dallas, Sanddress (Give address to which approv	Pexas 75221					
	Name of Authorized Transporter of Cast		Bartlesville, Okla						
	Phillips Petroleum	Unit Sec. Twp. Rge.	ls gas actually connected? Whe						
	If well produces oil or liquids, give location of tanks.	0 2 17 34							
	If this production is commingled with	that from any other lease or pool,	give commingling order number:						
ıv.	COMPLETION DATA	Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.					
	Designate Type of Completion								
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	Elevations (DF, RKB, RT, GR, etc.)	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					
. ,	. TEST DATA AND REQUEST FO	DR AVIOWARIE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow					
V	OIL WELL	able for this de	pth or be for full 24 hours)						
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	, 610.7					
	Length of Test	Tubing Pressure	Casing Pressure	Choxe Size					
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Ggs - MCF					
	GAS WELL								
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size					
V	. CERTIFICATE OF COMPLIAN	CE		ATION COMMISSION					
		regulations of the Oil Conservation	APPROVED	19 19					

VI

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.

YATES	DRILLI	ING COMPANY	· ,	
500) 	Mark L.	A	
 Peti	coleum	(Signature) // Engineer		
 		(T.A.)		

August 10. 1970 (Date) TITLE . This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despended 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 silowable 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.