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SANTA FE			
FILE			_
U.S.G.S.			
LAND OFFICE			_
TRANSPORTER	OIL		
	GAS		
OPERATOR			
0000.			

III.

IV.

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VI.

	SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL (Form C-164 Supercedes Gld C-164 and C-11 Effective 1-1-88		
I.	OPERATOR PRORATION OFFICE Operator					
	Yates Drilling	g Company				
	207 So. 4th Street, Artesia, New Mexico 88210					
	Reason(s) for filing (Check proper box	Change in Transporter of:	Other (Please explain) Change lease	rame from:		
	Recompletion Change in Ownership	Change in Transporter of: Oil Dry G Casinghead Gas Conde	∝s			
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND	LEASE Well No. Poc. Name, including F				
	Lease Name Yates North Vacuum Unit Tract 2	4 Vacuum (G)		_ease		
	Location C 66	in North	3,000			
		Feet From The North Lin	ne and <u>1900</u> Feet From [*] 34E , _{NMPM} , Lea	The West County		
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS			
	Mobil Pipeline Compa	or Condensate	Address (Give address to which approv	,		
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Box 900, Dallas, Te Adaress (Give address to which approx	ed copy of this form is to be sent)		
	Phillips Petroleum If well produces oil or liquids.	Unit Sec. Twp. Rge.	Bartlesville, Okla: Is gas actually connected? Who			
	give location of tanks.	C 12 17 34	Yes	6-25-70		
IV.	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number:			
	Designate Type of Completic	$\operatorname{On} - (X)$ Oil Well Gas Well X	New Weil Workover Deepen	Plug Back Same Restv. Diff. Restv.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.3.T.D.		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Perforations			-i	Depth Casing Show		
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V.	TEST DATA AND REQUEST FO		fter recovery of total volume of load oil a opth or be for full 24 hours)	and must be equal to or exceed top allow-		
1	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	i, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choka Siza		
	Actual Prod. During Test	Oil-Bbla.	Water - Bb's,	GGs+MCF		
				out inc.		
	GAS WELL					
	Actual Prod. Test+MCF/D	Length of Test	Bbis, Condensate/MMCF	Gravity of Concentrate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIANC	CE	OIL CONSERVA	TION COMMISSION		
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED			
Commission have been complied with and above is true and complete to the best of		ith and that the information given	BY Slu	Clemente		
	YATES DRILLING	COMPANY	TITLE			
(Signature) Petroleum Engineer (Tule) August 10, 1970 (Date)			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly deflided or despondence 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 filled for each pool in multiply			