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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

HOBBS OFFICE O. C. C.
JAN 12 11 47 AM '67

HOBBS OFFICE O. C. C.
JAN 17 11 47 AM '67

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator: **Yates Drilling Company and Martin Yates III**

Address: **309 Carper Building, Artesia, New Mexico**

Reason(s) for filing *(Check proper box)*

New Well ☐ Change in Transporter of:

Recompletion ☐ Oil ☐ Dry Gas ☐

Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other *(Please explain)*: **Connection of Morrow gas to pipeline.**

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

II. DESCRIPTION OF WELL AND LEASE

~~UNDESIGNATED~~ Lusk-Morrow Gas

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Elliott-Hall	**1**	**Lusk-Morrow** R-3218	State, Federal or Fee **Fed.**

Location: Unit Letter **A**; **660** Feet From The **N** Line and **660** Feet From The **E**

Line of Section **30**, Township **19S** Range **32E**, NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address *(Give address to which approved copy of this form is to be sent)*
The Permian Corporation	**P. O. Box 3119, Midland, Texas**
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address *(Give address to which approved copy of this form is to be sent)*
Phillips Petroleum Company	**Bartlesville, Oklahoma**

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	**30**	**19S**	**32E**	**Yes**	**1/10/67**

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

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**	**Dual (Dual comp. Order MC 1341)**					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9/28/62	**12/25/62**	**12,475'**	**12,433'**
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Lusk-Morrow	**Morrow**	**12,130'**	**12,365'**
Perforations			Depth Casing Shoe
12130-148, 12158-60, 12354-364, 12378-394, 12397-399			**12,469'**

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	**13 3/8"**	**798'**	**900**
12 1/4"	**9 5/8"**	**3,683'**	**2,800**
8 3/4"	**5 1/2"**	**12,468'**	**775**
	2 1/16"	**11,104 packer**	
	2 1/16"	**12,008 packer**	

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
12/25/62	**12/25/62**	**Flowing**	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
3 hrs.	**1250#**	**Packer**	**3/8**
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	156 bbls.	**nil**	**not measured**

GAS WELL **6-30-63**

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
105 MCF	**4.25 hrs.**	**35.4 bbls.**	**48.6**
Testing Method *(pitot, back pr.)*	Tubing Pressure	Casing Pressure	Choke Size
Back Pr.	**1250#**	**Packer**	**8/64**

VI. CERTIFICATE OF COMPLIANCE

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.

Hugh N. Gurry
(Signature)

Secretary-Treasurer
(Title)

1/11/67
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 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 Sections I, II, III, and VI only 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.