

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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

I. Operator
J. R. CONE
Address
P. O. BOX 871, LUBBOCK, TEXAS 79408
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)
* *Amerada State "B" No. 1*
* CHANGE OF OPERATOR
If change of ownership give name and address of previous owner
* FORMERLY OPERATED BY TENNECO OIL COMPANY

II. DESCRIPTION OF WELL AND LEASE
Lease Name
City Tract No. 9
AMERADA STATE "B"
Well No. 1
Pool Name, including Formation
JALMAT YATES
Kind of Lease
State, Federal or Fee
STATE
Lease No.
E-396-8
Location
Unit Letter I ; 2310' Feet From The South Line and 330' Feet From The East
Line of Section 25 Township 22S Range 35E, NMPL, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Cities Service Oil Company
Address (Give address to which approved copy of this form is to be sent)
Bartlesville, Oklahoma
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Phillips Petroleum Company
Address (Give address to which approved copy of this form is to be sent)
Bartlesville, Oklahoma
If well produces oil or liquids, give location of tanks.
Unit I Sec. 25 Twp. 22S Rge. 35E
Is gas actually connected? Yes When April 1956

If this production is commingled with that from any other lease or pool, give commingling order number.
* Change of Operator due to inclusion of this lease
This well, Jalmat Yates Pool Unit, as Tract No. 9,
on September 1, 1967 under the authority of the
Commission's letter of approval, dated
1967. Hereafter, this well will be designated
Well No. 1 to the Cone Jalmat Yates Pool Unit.

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - 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

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.
[Signature]
ENGINEER
October 24, 1967
(Title)
(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 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.