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

Form C-104
 Supersedes OIL C-101 and C-102
 Effective 1-1-65

RECEIVED

JUN 29 1978

I. Operator Yates Petroleum Corporation

Address 207 South 4th Street - Artesia, NM 88210

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of Oil
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain) _____

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Armstrong CT Com</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Strawn</u>	Kind of Lease <u>State, Federal or Fee Fee</u>	Lease No.
Location Unit Letter <u>L</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u>				
Line of Section <u>5</u> Township <u>18S</u> Range <u>26E</u> , <u>NMPM</u> , <u>Eddy</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 Crude Oil Purchasing Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>No. Freeman Ave. - Artesia, NM 88210</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Transwestern Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2521 - Houston, TX 77001</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>5</u>	Twp. <u>18S</u>	Rge. <u>26E</u>	Is gas actually connected? <u>Yes</u>	When <u>7-1-78</u>

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Resv. <input type="checkbox"/>	Dist. Res. <input checked="" type="checkbox"/>
Date Spudded <u>6-3-73</u>	Date Compl. Ready to Prod. <u>6-22-78</u>		Total Depth <u>8865'</u>		P.B.T.D. <u>8312'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3397' KB</u>	Name of Producing Formation <u>Strawn</u>		Top Oil/Gas Pay <u>8050'</u>		Tubing Depth <u>8087'</u>			
Perforations <u>8122-26' & 8050-56'</u>					Depth Casing Shoe <u>8825'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/2"</u>	<u>13-3/8"</u>		<u>504'</u>		<u>400</u>			
<u>12 1/4"</u>	<u>8-5/8"</u>		<u>1318'</u>		<u>700</u>			
<u>7-7/8"</u>	<u>4 1/2"</u>		<u>8825'</u>		<u>275</u>			
	<u>2-3/8"</u>		<u>8087'</u>					

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 oil able 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D <u>800</u>	Length of Test <u>24</u>	Bble. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (shut-in) <u>2450#</u>	Casing Pressure (shut-in) <u>Pkr.</u>	Choke Size <u>1/2"</u>

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.

Christine Tomlinson
 (Signature)
 Christine Tomlinson-Geol. Secty
 (Title)
 6-28-78
 (Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 27 1978, 19____
 BY W.A. Gressett
 TITLE SUPERVISOR, DISTRICT II

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 deviate tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for all wells on now and non-completed 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.

TRANSWESTERN 
Pipeline Company

A TEXAS EASTERN COMPANY

R E C E I V E D

SEP 21 1978

September 19, 1978

D. C. C.
ARTESIA OFFICE

New Mexico Energy and Minerals Department
Oil Conservation Division
Artesia District Office
P. O. Box DD
Artesia, New Mexico 88210

Attention: Mr. Bill Gressett

Re: Yates Petroleum Corporation
Armstrong "CT" Com. Well #1
Section 5-18S-26E
Eagle Creek Area
Eddy County, New Mexico
Transwestern Station No. 1126-1 & 2

Gentlemen:

Please be advised that Transwestern Pipeline Company disconnected the subject well (Atoka-Morrow only) and received initial delivery of Strawn gas from the same well after reconnection on July 1, 1978.

Very truly yours,



H. Nat Aicklen
Supervisor Gas Purchase
Contract Administration

HNA/kr

cc: Yates Petroleum Corporation
Attn: Mr. Eddie Mahfood
NMOCD - Santa Fe
Mr. Jim Beeler - TW