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|-------------------|----------------|
| DISTRIBUTION | |
| SANTA FE | ✓ |
| FILE | ✓ |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL 7 GAS 7 |
| OPERATOR | ✓ |
| PRODUCTION OFFICE | |

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

Form C-104
Supersedes Old C-101 and C-1
Effective 1-1-65

APR - 2 1979

D. C. C.
ARTESIA, OFFICE

Operator
Yates Petroleum Corporation ✓

Address
207 South 4th Street-Artesia, NM 88210

| | | | |
|--|---|------------------------|--|
| Reason(s) for filing (Check proper box) | | Other (Please explain) | |
| New Well <input type="checkbox"/> | Change In Transporter of <input type="checkbox"/> | From 500 | |
| Recompletion <input type="checkbox"/> | Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> | | |
| Change In Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | | |

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

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|--|--|---|-----------|
| DESCRIPTION OF WELL AND LEASE | | | |
| Lease Name Johnston BE Com. | Well No. 1 Pool Name, Including Formation Boyd Morrow Gas | Kind of Lease NM 1372 State, Federal or Fee Fed. | Lease No. |
| Location Unit Letter A : 330 Feet From The North Line and 330 Feet From The East Line of Section 8 Township 19S Range 25E , NMPLM, Eddy County | | | |

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|---|--|---|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Company | Address (Give address to which approved copy of this form is to be sent) No. Freeman Street-Artesia, NM 88210 | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Transwestern Pipeline Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 2521-Houston, TX 77001 | |
| If well produces oil or liquids, give location of tanks. | Unit A Sec. 8 Twp. 19S Rge. 25E | Is gas actually connected? Yes When 7-18-72 |

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

| | | | |
|------------------------------------|--|-----------------|-------------------|
| COMPLETION DATA | | | |
| Designate Type of Completion - (X) | Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. Diff. Res'v. <input type="checkbox"/> | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| Elevations (DF, RKB, RT, CR, 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 |
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| TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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) | | | |
| 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 (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

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| CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION | |
| 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. | | APPROVED APR 4 1979 19 | |
| Christine Tomlinson-Geol. Secty. | | BY W. A. Gressett | |
| 3-31-79 | | TITLE SUPERVISOR, DISTRICT II | |
| (Signature) | | This form is to be filed in compliance with RULE 1104. | |
| (Title) | | If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111. | |
| (Date) | | 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. | |