

DISTRIBUTION		4	
SANTA FE		1	
FILE		1	✓
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS		
OPERATOR		1	
PRODUCTION OFFICE			

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

Form C-104
Supersedes Old C-104 and C-11.
Effective 1-1-65

AUG 25 1977

Operator Yates Petroleum Corporation		O. C. C. ARTESIA, OFFICE
Address 207 South 4th Street - Artesia, NM 88210		
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>		Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 10-1-77 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED
If change of ownership give name and address of previous owner		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal HJ	Well No. 2	Pool Name, including Formation Linda S.A.	Kind of Lease NM 2357	Lease No.
Location Unit Letter B ; 330 Feet From The North Line and 1650 Feet From The East Line of Section 31 Township 6S Range 26E , NMPM, Chaves County			State, Federal or Fee Federal	

III. 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 Ave - Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 31	Twp. 6S	Rge. 26E	Is gas actually connected? No	When

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 checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'ty. <input type="checkbox"/>	Diff. Res'ty. <input type="checkbox"/>
Date Spudded 5-20-77	Date Compl. Ready to Prod. 7-13-77		Total Depth 1154'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3670' GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 984'		Tubing Depth 963'			
Perforations 984-1021½'					Depth Casing Shoe 1154'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12¼" 6½"	CASING & TUBING SIZE 8-5/8" 20# 5½" 14# 2-7/8"		DEPTH SET 257' 1154' 963'		SACKS CEMENT 150 200			

V. 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)

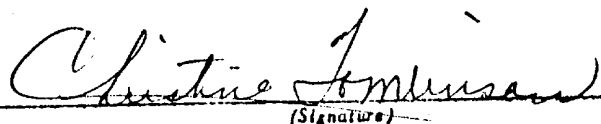
Date First New Oil Run To Tanks 7-13-77	Date of Test 8-19-77	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure 20 psi	Casing Pressure 20 psi	Choke Size -
Actual Prod. During Test 40	Oil-Bble. 28	Water-Bble. 12	Gas-MCF 20

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 - Geol. Secty

8-24-77

OIL CONSERVATION COMMISSION

APPROVED **AUG 25 1977**
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 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.

RECEIVED

AUG 25 1977

RAILROAD COMMISSION OF TEXAS
OIL AND GAS DIVISION

Form W-12
(1-1-71)

AUG 25 1977 O. C. C. ARTESIA, OFFICE INCLINATION REPORT (One Copy Must Be Filled With Each Completion Report)		6. RRC District 7. RRC Lease Number. (Oil completions only)
1. FIELD NAME (as per RRC Records or Wildcat) Yates (S.A.)	2. LEASE NAME FEDERAL, U.S.	8. Well Number 1
3. OPERATOR YATES PETROLEUM CORPORATION		9. RRC Identification Number (One completion only)
4. ADDRESS 204 SOUTH FOURTH STREET ARTESIA, NEW MEXICO		10. County CHAVES
5. LOCATION (Section, Block, and Survey) 330' ENE. & 1650' ENE. of Section 31-6S-26E, Chaves Co., NM		

RECORD OF INCLINATION

[illegible]

If additional space is needed, use the reverse side of this form.

17. Is any information shown on the reverse side of this form? ☐ yes ☐ no
18. Accumulative total displacement of well bore at total depth of _____ feet = _____ feet.
19. Inclination measurements were made in — ☐ Tubing ☐ Casing ☐ Open hole ☐ Drill Pipe
20. Distance from surface location of well to the nearest lease line _____ feet.
21. Minimum distance to lease line as prescribed by field rules _____ feet.
22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? _____
- (If the answer to the above question is "yes", attach written explanation of the circumstances.)

INCLINATION DATA CERTIFICATION

I declare under penalties prescribed in Article 6036C, R.C.S., that I am authorized to make this certification, that I have personal knowledge of the inclination data and facts placed on both sides of this form and that such data and facts are true, correct, and complete to the best of my knowledge. This certification covers all data as indicated by asterisks (*) by the item numbers on this form.

Robert A. Gault
Signature of Authorized Representative

Robert A. Cullen
Name of Person and Title (type or print)

Name of Person and Title (Type or Print)
RYAN DRILLING Co.
 Name of Company

Telephone: 915 321-2910
Area Code

OPERATOR CERTIFICATION

I declare under penalties prescribed in Article 603a, R.C.B., that I am authorized to make this certification, that I have personal knowledge of all information presented in this report, and that all data presented on both sides of this form are true, correct, and complete to the best of my knowledge. This certification covers all data and information presented herein except inclination data as indicated by asterisks (*) by the item numbers on this form.

Signature of Authorized Representative

Name of Person and Title (type or print)

Operator

Telephone: _____ Area Code _____

Railroad Commission Use Only:

Approved By: _____ Title _____ Date: _____

* Designates items verified by company that conducted the inclination s