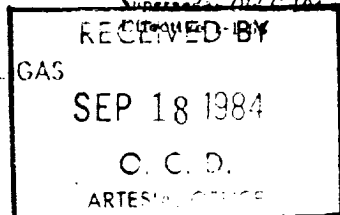


NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	☒
FILE	☒
INDEX	☒
LAND OFFICE	☒
LEASE HOLDER	☒
OIL	☒
GAS	☒
OPERATION	☒
PRODUCTION OFFICE	☒

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



Operator Yates Petroleum Corporation

Address 207 South 4th St., Artesia, NM 88210

Reasons for filing (Check proper box)		Other (Please explain)	
New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☒
		Condensate	☐

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

DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
<u>Binnion TT Federal</u>	<u>5</u>	<u>Pecos Slope Abo</u>	State, Federal or Fee <u>Federal</u>
Lease No. <u>NM 28305</u>			
Location			
Unit Letter <u>C</u>	<u>660</u>	Feet From The <u>North</u> Line and <u>1980</u>	Feet From The <u>West</u>
Line of Section <u>24</u>	Township <u>7S</u>	Range <u>25E</u>	NMPLM, <u>Chaves</u> County

TRANSPORTER 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)		
<u>Navajo Crude Oil Purchasing Co.</u>	<u>Box 159, Artesia, NM 88210</u>		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)		
<u>Yates Petroleum Corporation</u>	<u>207 South 4th St., Artesia, NM 88210</u>		
Is gas actually connected?	Unit	Sec.	Row
<u>Yes</u>	<u>C</u>	<u>24</u>	<u>7s</u>
			<u>25e</u>
When	<u>August 23, 1984</u>		

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

WELL DATA			
Complete Type of Completion -- (X)	Oil Well	Gas Well	New Well
☒	☐	☐	☐
Workover	Deepen	Plug Back	Same Reel
☐	☐	☐	☐
Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
<u> </u>	<u> </u>	<u> </u>	
Name of Producing Formation	Top Oil/Gas Pay	Tubing Length	
<u> </u>	<u> </u>	<u> </u>	
Depth Casing Shoe		<u> </u>	

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed up allowable for this depth or be for full 24 hours)			
Date of Test	Test	Producing Method (Flow, pump, gas lift, etc.)	
<u> </u>	<u> </u>	<u> </u>	
Tubing Pressure	Casing Pressure	Choke Size	
<u> </u>	<u> </u>	<u> </u>	
Oil-Bbls.	Water-Bbls.	Gas-MCF	
<u> </u>	<u> </u>	<u> </u>	

Post ID-3
9-21-84
G.T.

GAS SOLI			
Water-Bbls. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
<u> </u>	<u> </u>	<u> </u>	<u> </u>
Tubing Pressure (psia, back pr.)	Tubing Pressure (psia-in)	Casing Pressure (psia-in)	Choke Size
<u> </u>	<u> </u>	<u> </u>	<u> </u>

PRONOUNCE 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 is true and complete to the best of my knowledge and belief.	APPROVED <u>SEP 20 1984</u> , 19 <u> </u>
<u> </u> (Signature) Production Supervisor	BY <u>ORIGINAL SIGNED</u> <u>BY LARRY BROOKS</u> TITLE <u>GEOLOGIST - NMOC</u>
<u>9-18-84</u> (Date)	This form is to be filed in compliance with RULE 1104. If this is a request for allowability for a newly drilled or deepened well, this form must be accompanied by a tabulation of the data tests taken on the well in accordance with RULE 1104. All sections of this form must be filled out completely for wells on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of data.