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| LAND OFFICE | | |
| TRANSPORTER OIL | ✓ | |
| TRANSPORTER GAS | ✓ | |
| OPERATOR | ✓ | |
| PRORATION OFFICE | | |

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-
Effective 1-1-

RECEIVED BY
SEP 18 1984
O. C. D.
ARTESIA, OFFICE

Operator
Yates Petroleum Corporation ✓

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

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)

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 | Lease No. |
|---|---|---|---|---|
| Binnion TT Federal | 1 | Pecos Slope Abo | State, Federal or Fee Federal | NM 28305 |

Location
Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East

Line of Section 24 Township 7S Range 25E , NMPM, Chaves County

DESIGNATION 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) |
|---|---|
| Navajo Crude Oil Purchsing Co. | Box 159, Artesia, NM 88210 |
| Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ | Address (Give address to which approved copy of this form is to be sent) |
| Yates Petroleum Corporation | 207 South 4th St., Artesia, NM 88210 |

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | G | 24 | 7s | 25e | Yes | August 23, 1984 |

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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
|---|---|---|---|
| | | | |

| Perforations | Depth Casing Shoe |
|---|---|
| | |

| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| | | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

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 allowable for this depth or be for full 24 hours)

OIL WELL

| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) |
|---|---|---|
| | | |

Post ID-3
9-21-84
thg GT

| 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.

Juanita Goodlett
(Signature)

Production Supervisor
(Title)

9-18-84
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 20 1984, 19__

BY ORIGINAL SIGNED BY LARRY BROOKS

TITLE GEOLOGIST - NMOCD

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 well name or number, or transporter, or other such change of condition.