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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-105

RECEIVED

SEP 18 1984

O. C. D.
ARTESIA, OIL

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	6	Pecos Slope Abo	State, Federal or Fee Federal	NM 28305
Location				
Unit Letter	I	1980	Feet From The South Line and 660	Feet From The East
Line of Section	24	Township	7S	Range
			25E	NMPM, Chaves

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 Purchasing 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.
	I	24
	Twp.	7s
	Hq.	25e
Is gas actually connected?	When	
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.	Unit R.
Date Drilled	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Flowing (D.P., N.A.B., R.T., G.R., etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Production			Depth Casing Shoe					

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 10% of total volume of load oil 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 (Flow, Pump, etc.)	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.

Production Supervisor

(Title)

9-18-84

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 20 1984

BY ORIGINAL SIGNED ORIGINAL SIGNED

BY LARRY BROOKS

TITLE GEOLOGIST - NM OGD GEOLOGIST - NM OGD

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or recompleted well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for change of well name or number, or transporter, or other such change of data.