

Hold for notice of counsel -
and "not noticed" when C-124
is open -

~~Hand stop~~

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

APR 15 1983

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name Doris RI Federal	Well No. 3	Pool Name, including Formation Pecos Slope Abo	Kind of Lease State, Federal or Fee Federal	Lease No. NM 39127
Location Unit Letter <u>B</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>27</u> Township <u>5S</u> Range <u>25E</u> , NMPM, <u>Chaves</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) Box 159, Artesia, NM 88210			
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Transwestern Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 2521, Houston, TX 77001			
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 27	Twp. 5s	Rge. 25e
	Is gas actually connected?		When approx 5-6 months	
	Yes			

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Res.
		X	X					
Date Spudded 3-15-83	Date Compl. Ready to Prod. 4-9-83		Total Depth 4250'		P.B.T.D. 4214'			
Elevations (DF, REE, RT, GR, etc.) 3689' GR	Name of Producing Formation Abo		Top Oil/Gas Pay 3751'		Tubing Depth 3726'			
Perforations 3751-3898'					Depth Casing Shoe 4250'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	20"	50'	
14-3/4"	10-3/4"	930'	650
7-7/8"	4-1/2"	4250'	850
	2-3/8"	3726'	

VI. 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 44	Length of Test 6 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 200	Casing Pressure (Shut-in) PKR	Choke Size 3/16"

VII. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Production Supervisor

4-11-83

OIL CONSERVATION DIVISION

APPROVED _____, 13

BY _____

TITLE _____

This form is to be filed in compliance with RULE 111.

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 allowables on new and recompleted wells.

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

Separate Form C-104 must be filed for each pool in multi-completed wells.

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-70

RECEIVED

APR 15 1983

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Yates Petroleum Corporation ✓

O. C. D.
ARTESIA, OFFICE

207 South 4th St., Artesia, NM 88210

Reason(s) for filing (check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change of ownership give name
and address of previous owner.

DESCRIPTION OF WELL AND LEASE

Well Name: Doris R1 Federal
Well No./ Pool Name, including Formation: 3 Pecos Slope Abo
Kind of Lease: Federal
Lease No.: NM 39127

Section: B 660 Feet From The North Line and 1980 Feet From The East

Range: 27 Township: 5S Range: 25E, NMPM, Chaves

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil () or Condensate (X)

Navajo Crude Oil Purchasing Co.

Name of Authorized Transporter of Casinghead Gas () or Dry Gas (X)

Transwestern Pipeline Co.

Well produces oil or liquids, ()
or gas only (X)
Location of tanks: B 27 5s 25e

Address (Give address to which approved copy of this form is to be sent)

Box 159, Artesia, NM 88210

Address (Give address to which approved copy of this form is to be sent)

Box 2521, Houston, TX 77001

Is gas actually connected? Yes When approx 5-6 months

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

COMPLETION DATA

Designate Type of Completion - (X)

Designated	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Test as P.B.T.D.
3-15-83		X	X				
Well No. (DE, RLE, RT, GR, etc.)	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
3689 JGR	4-9-83	4250'	4214'				
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	Abo	3751'	3726'				
			Depth Casing Shoe				
			4250'				

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	20"	50'	
7-7/8"	10-3/4"	930'	650
	4-1/2"	4250'	850
	2-3/8"	3726'	

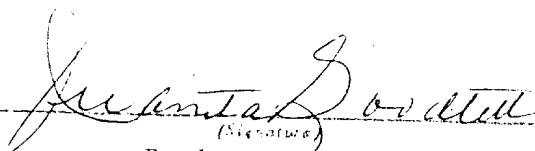
TEST DATA AND REQUEST FOR ALLOWABLE WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top oil)

First New Oil from Test	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Choke Size	Tubing Pressure	Casing Pressure
Prod. During Test	Oil-Bbls.	Water-Bbls.
		Gas-MCF

Prod. Test-MCF/D	Length of Test	Bbls. Condensate/LMCF	Gravity of Condensate
44	6 hours		
Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	200	PKR	3/16"

CERTIFICATE OF COMPLIANCE

I certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.


(Signature)
Production Supervisor4-11-83
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19

BY _____

TITLE _____

This form is to be filed in compliance with RULE 111.

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.

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 changes of condition.

Separate Form C-104 must be filed for each pool in multiple completed wells.

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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APR 15 1983

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Yates Petroleum Corporation

207 South 4th St., Artesia, NM 88210

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

Change of ownership give name
and address of previous owner.

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Doris RI Federal	3	Pecos Slope Abo	State, Federal or Fee Federal	NM 39127

Section	Unit Letter	Feet From The	North	Line and	1980	Feet From The	East
	B	660					
Line of Section	27	Township	5S	Range	25E	NMPM	Chaves

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil () or Condensate (X)	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 Condensate Gas () or Dry Gas (X)	Address (Give address to which approved copy of this form is to be sent)					
Transwestern Pipeline Co.	Box 2521, Houston, TX 77001					
Well produces oil or liquids, or location of test	Unit	Feet	Type	Range	Is gas actually connected?	When
	B	27	5s	25e	Yes	approx 5-6 months

No production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same hole, Diff. hole
		X	X				
Date of Completion	Date Comp. Ready to Prod.	Total Depth	P.B.T.D.				
3-15-83	4-9-83	4250'	4214'				
Available (OS, EAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Layer	Tubing Depth				
3689' / GR	Abo	3751'	3726'				
Iterations			Depth Casing Shoe				
3751-3898'			4250'				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	20"	50'	
14-3/4"	10-3/4"	930'	650
7-7/8"	4-1/2"	4250'	850
	2-3/8"	3726'	

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)

Is this New Oil () or Old (X)	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Kind of Test	Tubing Pressure	Casing Pressure	Choke Size
Test Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

Is Well	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Flow Prod. Test - MCF/D			
44	6 hours		
Testing Method (flow, back prod)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	200	PKR	3/16"

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Production Supervisor

4-11-83

OIL CONSERVATION DIVISION

APPROVED _____, 1983

BY _____

TITLE _____

This form is to be filed in compliance with RULE 111.

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 allowables on new and recompleted wells.

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

Separate Forms C-104 must be filed for each pool in multi-completed wells.

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78

RECEIVED

APR 15 1983

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Yates Petroleum Corporation

207 South 4th St., Artesia, NM 88210

Reason(s) for filing (check proper box)

New Well	☒	Change in Transporter of:	
Completion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

Change of ownership give name
Address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Doris RI Federal	3	Pecos Slope Abo	State, Federal or Fee Federal	NM 39127

Well Letter B 660 Feet From The North Line and 1980 Feet From The EastLine of Section 27 Township 5S Range 25E NMPM Chaves County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

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
Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Co.	Box 2521, Houston, TX 77001
Well produces oil or liquids, or location of tanks.	is gas actually connected? When
<u>B</u> <u>27</u> <u>5s</u> <u>25e</u>	<u>Yes</u> <u>approx 5-6 months</u>

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 as prev. P.B.T.D.
		<u>X</u>	<u>X</u>				
Well No.	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
<u>3-15-83</u>	<u>4-9-83</u>	<u>4250'</u>	<u>4214'</u>				
Well No. (DB, RAB, LI, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
<u>3689' IGR</u>	<u>Abo</u>	<u>3751'</u>	<u>3726'</u>				
Well No.		Depth Casing Shoe					
<u>3751-3898'</u>		<u>4250'</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	<u>20"</u>	<u>50'</u>	
<u>14-3/4"</u>	<u>10-3/4"</u>	<u>930'</u>	<u>650</u>
<u>7-7/8"</u>	<u>4-1/2"</u>	<u>4250'</u>	<u>850</u>
	<u>2-3/8"</u>	<u>3726'</u>	

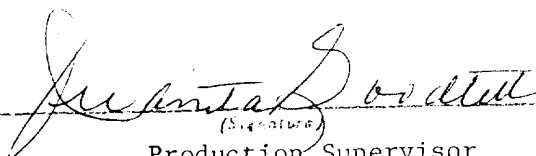
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Test Flow Control To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Depth of Test	Tubing Pressure	Casing Pressure	Choke Size
Flow, Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

AS WELL

Test Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
<u>44</u>	<u>6 hours</u>		
Casing Method (pump, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
<u>Back Pressure</u>	<u>200</u>	<u>PKR</u>	<u>3/16"</u>

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given
is true and complete to the best of my knowledge and belief.
(Signature)
Production Supervisor

4-11-83

OIL CONSERVATION DIVISION

APPROVED _____, 19

BY _____

TITLE _____

This form is to be filed in compliance with RULE 100.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviating 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 conditions.

Separate Form C-104 must be filed for each pool in multiple completions.

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

APR 15 1983

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Yates Petroleum Corporation

207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well	☒	Change in Transporter of:	
Completion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Doris RI Federal	3	Pecos Slope Abo	State, Federal or Fee Federal	NM 39127

Section

Unit Letter B 660 Feet From The North Line and 1980 Feet From The East

Line of Section 27 Township 5S Range 25E NMPL Chaves County

SIGNATURE 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)

Transwestern Pipeline Co. Box 2521, Houston, TX 77001

Well produces oil or liquids, or both of these	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	27	5s	25e	Yes	approx 5-6 months

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

PRODUCTION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same as last Prod. Rec.
		X	X				
Date plugged	Date Compl. ready to Prod.	Total Depth	P.B.T.D.				
3-15-83	4-9-83	4250'	4214'				
Productions (BF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
3689' GR	Abo	3751'	3726'				
Interventions			Depth Casing Shoe				
			4250'				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	20"	50'	
14-3/4"	10-3/4"	930'	650
7-7/8"	4-1/2"	4250'	850
	2-3/8"	3726'	

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)

Test First New Oil from To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Depth of Test	Tubing Pressure	Casing Pressure	Choke Size
Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

AS WELL

Test First New Oil from To Tanks	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
44	6 hours		
Testing Method (piston, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	200	PKR	3/16"

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Production Supervisor

4-11-83

OIL CONSERVATION DIVISION

APPROVED _____, 1983

BY _____

TITLE _____

This form is to be filed in compliance with RULE 11.1.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the depth of tests taken on the well in accordance with RULE 11.1.

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 ownership, name or number, or transportation, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Yates Petroleum Corporation

207 South 4th St., Artesia, NM 88210

Reason(s) for filing (check proper box)

New Well	☒	Change in Transporter of:	
Completion	☐	Oil	☐
Change in Ownership	☐	Coalinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

Change of ownership give name

Address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Doris RI Federal	3	Pecos Slope Abo	State, Federal or Fee Federal	NM 39127

Unit Letter B : 660 Feet From The North Line and 1980 Feet From The EastSection 27 Township 5S Range 25E , NMPM, Chaves County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Navajo Crude Oil Purchasing Co. Address (Give address to which approved copy of this form is to be sent) Box 159, Artesia, NM 88210Name of Authorized Transporter of Coalinghead Gas Transwestern Pipeline Co. Address (Give address to which approved copy of this form is to be sent) Box 2521, Houston, TX 77001Is gas actually connected? Yes When approx 5-6 months

If separator function 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 hole, Different
		☒	☒				
Date	Date Comp. Ready to Prod.	Total Depth	P.B.T.D.				
3-15-83	4-9-83	4250'	4214'				
Well No. (US, RA, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
3689' GR	Abo	3751'	3726'				
Well No.		Depth Casing Shoe					
3751-3898'		4250'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	20"	50'	
14-3/4"	10-3/4"	930'	650
7-7/8"	4-1/2"	4250'	850
	2-3/8"	3726'	

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed test allowable for this depth or be for full 24 hours)

Oil Well	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Kind of Test	Tubing Pressure	Casing Pressure	Choke Size
Flow Rate During Test	Oil-Flds.	Water-Bbls.	Gas-MCF

AS WELL

Actual Field Test - PKR/FD	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
44	6 hours		
Casing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	200	PKR	3/16"

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Production Supervisor

4-11-83

OIL CONSERVATION DIVISION

APPROVED _____, 19__

BY _____

TITLE _____

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If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviator tests taken on the well in accordance with RULE 11.1.

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.

Separate Form C-104 must be filed for each pool in multiple completed wells.

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Yates Petroleum Corporation

207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well	☒	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

Change of ownership give name
and address of previous owner.

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Doris RI Federal	3	Pecos Slope Abo	State, Federal or Fee Federal	NM 39127

Well Letter	B	660	Feet From The	North	Line and	1980	Feet From The	East
-------------	---	-----	---------------	-------	----------	------	---------------	------

Line of Section	27	Township	5S	Range	25E	NMPM	Chaves	County
-----------------	----	----------	----	-------	-----	------	--------	--------

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Signature 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						
Signature of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)						
Transwestern Pipeline Co.	Box 2521, Houston, TX 77001						
Well produces oil or liquids, or location of tanks.	Unit	S-	Twp.	Rge.	Is gas actually connected?	When	approx 5-6 months
	B	27	5s	25e	Yes		

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 as last	Drill, Re-
		X	X					
Date completed	3-15-83	Date Compl. ready to Prod.	4-9-83	Total Depth	4250'	P.B.T.D.	4214'	
Locations (DE, RAB, RT, GR, etc.)	3689' GR	Name of Producing Formation	Abo	Top Oil/Gas Pay	3751'	Tubing Depth	3726'	
Locations	3751-3898'					Depth Casing Shoe	4250'	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	20"	50'	
14-3/4"	10-3/4"	930'	650
7-7/8"	4-1/2"	4250'	850
	2-3/8"	3726'	

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 oil
allowable for this depth or be for full 24 hours)

Test Type (New Oil Run To Tanks)	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Kind of Test	Tubing Pressure	Casing Pressure	Choke Size
Prod. Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

AS WELL

Test Type (Flow, Pump, Gas Lift, etc.)	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Back Pressure	6 hours		
Testing Method (flow, back pr.)	Testing Pressure (psia-in)	Casing Pressure (psia-in)	Choke Size
	200	PKR	3/16"

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given
is true and complete to the best of my knowledge and belief.

Production Supervisor

(Date)

4-11-83

(Signature)

OIL CONSERVATION DIVISION

APPROVED _____, 12

BY _____

TITLE _____

This form is to be filed in compliance with RULE 100.

If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the deviating
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able 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.Separate Form C-104 must be filed for each pool in multi-
completed wells.