

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78
RECEIVED

DEC 28 '88

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

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Operator	

I. Yates Petroleum Corporation ✓
Address
105 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

II. DESCRIPTION OF WELL AND LEASE
Lease Name Night OWL AFA State Com Well No. 1 Pool Name, including Formation Pecos Slope Abo, South Kind of Lease State Lease No. LG-5078
Location
Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East
Line of Section 22 Township 9S Range 26E , NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒
Navajo Refg. Co. Address (Give address to which approved copy of this form is to be sent)
PO Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
Yates Petroleum Corporation Address (Give address to which approved copy of this form is to be sent)
105 South 4th St., Artesia, NM 88210
If well produces oil or liquids, give location of tanks. Unit I Sec. 22 Twp. 9s Rge. 26e Is gas actually connected? Yes When 12-21-88

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

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Rest. Diff. Rest.
X X X
Date Spudded 1-24-88 Date Compl. Ready to Prod. 2-25-88 Total Depth 5400' P.B.T.D. 5347'
Elevations (DF, RKB, RT, GR, etc.) 3774.3' GR Name of Producing Formation Abo Top Oil/Gas Pay 4676' Tubing Depth 4652'
Perforations 4676-4790' Depth Casing Shoe 5400'
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
26" 20" 38' Redi-mix
12 1/2" 8-5/8" 1040' 475
7-7/8" 4 1/2" 5400' 500
2-7/8" 4652'

V. 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.)
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
410 24 hrs - -
Testing Method (pilot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size
Back Pressure 65 psi PKR 1/2"

VI. 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
12-22-88
OIL CONSERVATION DIVISION
APPROVED DEC 29 1988, 19
BY Original Signed By
TITLE Mike Williams
This form is to be filed in compliance with RULE 110.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All portions 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.