	DISTRIBUTION SANTA FE /		FOR ALLEWEB		Porm C+104 Superardea Old Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA		10_19 76	AS	
	TRANSPORTER GAS OPERATOR / PRORATION OFFICE	-	O. C Artesia,	O. C. C. ARTESIA, OFFICE		
1.	Operator	-				
	Yates Petroleum	Corporation ^y				
			88210		·····	
	Reason(s) for filing (Check proper box New Well X Recompletion Change in Ownership	Change in Transporter of: Oil Dry Ga Casinghead Gas Conder	s D FLAREI	HEAD GAS DAFTER _ S AN EXCE	S MUST NOT BE	-
	If change of ownership give name		IS OBTA	AINED	2	
	and address of previous owner				•	
п.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including F			NM 0284972-A	Lease No.
•	Federal "DH"	2 So. Lucky La	<u>ike – Queen</u>	State, Federal	crFco Fed.	
	Unit Letter D : 33	O Feet From The North Lin	• and <u>330</u>	_ Feet From T	he West	
		wnship 155 Range	29E , NMPM,	-Eddy	Chair s	County
		· ·	·			
И.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Olf	TER OF OIL AND NATURAL GA	Address (Give address to	o which approv	ed copy of this form is to	be sent)
-	Navajo Crude Oi Nome of Authorized Transporter of Cas	1 Purchasing Company	No. Freemar Address (Give address to	Ave - 2 owhich approve	Artesia, NM ed copy of this form is to	88210 be sent)
	If well produces oil or liquids, give location of tanks. E 27 155 29E NO					
- . v.	1 	th that from any other lease or pool,	give commingling order		Plug Back Same Res	v. ' Diif. Res'
	Designate Type of Completic	on - (X) X Gas Well	New Well Workover	Deepen	Plug Back Same Has	i j
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	·····
	6-23-76 Elevations (DF, RKB, RT, GR, etc.)	8-31-76 Name of Producing Formation	1818 Top Oil/Gas Pay		1804 [•] Tubing Depth	
	3835' GR	Queen	1760'		1742 Depth Casing Shoe	
	Perforations 1760-1770			1804 •		
•		TUBING, CASING, AND	T ··		SACKS CEME	
•	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	. 1	100	_ 174
-	8"	5 ¹ 5" 2-3/8"	1804: 1742			
		2-3/8	1/42			
V.	TEST DATA AND REQUEST FOR OUL WELL	able for this de	fter recovery of total volur pih or be for full 24 hours, Preducing Methed (Flow,)		ceed top allo
	Date First New Oil Run To Tanks 8-31-76	Date of Tost 9-3-76	Pumping	, panip, gaa nije		
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size	$\kappa_{1} = \frac{1}{2}$
	24 Actual Prod. During Teet	Oil-Bble.	Water-Bbls.		Gas-MCF	
-	35.1	31.6	3.5		20.2	
	GAS WELL			poster	- 110	•
•	Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate	
	Testing Mothod (pitot, back pr.)	Tubing Processe (Shui-in)	Casing Pressure (Shut-	in)	Choke Size	
- 71.	CERTIFICATE OF COMPLIAN	CE	OIL C	ONSERVA	TION COMMISSION	
	I hereby cortify that the rules and a	APPROVED EP 10 1976 . 19				
	Commission have been complied v above is true and complete to the					
		TITLE SUPERVISOR, DISTRICT I				
	O'_{+}	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly diffied or deepens with this form much be accompanied by a tabulation of the deviation				
	Christine					
	Christine Tomli	well, this form that well in accordance with RULE 111. All sections of this form must be filled out completely for allow able on now and recompleted walls. Fill out only Sections I, II, III, and VI for changes of nome				
-	CHIISCINE IOMIII					
	(D)	Fill out only S woll name or number	octions I, II, , or transporte	III, and VI for change in or other such change	of conditio	
	(1).	•	FI			