

DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	/
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-11
Effective 1-1-65

RECEIVED

DEC 2 1976

Operator Yates Petroleum Corporation	
Address 207 South 4th Street - Artesia, NM 88210	
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Re Entry Recompletion <input checked="" type="checkbox"/> Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Other (Please explain) See notes on page 2	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE	
Lease Name State "CK"	Well No. 1
Pool Name, Including Formation Wildcat	
Kind of Lease State, Federal or Fee State	
Lease No. L-2760	
Location Unit Letter C ; 660 Feet From The North Line and 2180 Feet From The West	
Line of Section 4 Township 17S Range 26E, NMPL, Eddy County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) No. Freeman Ave-Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. 2521-Houston, TX 77001
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. C 4 17S 26E
Is gas actually connected? When Yes 11-30-76	

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 Resv. Diff. Resv. X X X X	
Date Spudded 6-21-73	Date Compl. Ready to Prod. 7-11-73
Elevations (DF, RKB, RT, GR, etc.) 3365' GR	Name of Producing Formation Morrow
Total Depth 8150'	
Top Oil/Gas Pay 7963	
Tubing Depth 7928	
Depth Casing Shoe 8139	
Perforations 7963-73'	
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE 12"	CASING & TUBING SIZE 8-5/8"
7-7/8"	5 1/2"
	2 3/8"
	7928

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
Length of Test	Tubing Pressure
Actual Prod. During Test	Oil-Bble.
Producing Method (Flow, pump, gas lift, etc.)	
Casing Pressure	Choke Size
Water-Bble.	Gas-MCF

GAS WELL	
Actual Prod. Test-MCF/D 2353.8	Length of Test 24
Testing Method (pitot, back pr.) Back Press.	Tubing Pressure (Shut-in) 2582
Bble. Condensate/MCF 42.24	Gravity of Condensate 57.2
Casing Pressure (Shut-in) pkc.	Choke Size Adj.

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.	
Christine Tomlinson (Signature)	
Christine Tomlinson-Geol. Secty (Title)	
12-1-76 (Date)	

OIL CONSERVATION COMMISSION	
DEC 8 1976	
APPROVED	19
BY	W. A. Gessert
SUPERVISOR, DISTRICT II	
TITLE	
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 deviator 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 condition.	