

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Superseding Old C-104 and C-11 Effective 1-1-65	
SANTA FE		REQUEST FOR ALLOWABLE			
FILE		AND			
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER		OIL			
		GAS			
OPERATOR					
PRODUCTION OFFICE					
Operator Yates Petroleum Corporation					
Address 207 So. 4th Street-Artesia, NM 88210					
Reason(s) for filing (Check proper box)				Other (Please explain)	
New Well		Change in Transporter of			
Recompletion		Oil		Dry Gas	
Change in Ownership		Casinghead Gas		Condensate	
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Kind of Lease NM-036191	
Federales BO		1		State, Federal or Fed. Fed.	
Pool Name, including Formation		Eagle Creek S. A.		Lease No.	
Location					
Unit Letter D		990 Feet From The North		Line and 990 Feet From The West	
Line of Section 23		Township 17S		Range 25E, NMPLM, Eddy County	
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 Company				No. Freeman Ave-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 Street-Artesia, NM 88210	
If well produces oil or liquids, give location of tanks.		Unit D		Sec. 23	
		Twp. 17S		Rge. 25E	
				Is gas actually connected? Yes	
				When	
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.		Diff. Res'v.	
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay	
Tubing Depth					
Perforations				Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
SACKS CEMENT					
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		Length of Test		Bbls. Condensate/MMCF	
Gravity of Condensate					
Testing Method (pilot, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	
Choke Size					
CERTIFICATE OF COMPLIANCE					
OIL CONSERVATION COMMISSION					
APPROVED APR 4 - 1979					
BY W. D. Gressett					
TITLE SUPERVISOR, DISTRICT II					
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 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 change of condition.					
Christine Tomlinson-Geol. Secty					
(Signature)					
Christine Tomlinson-Geol. Secty					
(Title)					
3-30-79					
(Date)					