

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Superseding Old C-104 and C-11 Effective 1-1-65	
SALES 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		MAR 29 1979			
Yates Petroleum Corporation		O. C. C. ARTESIA, OFFICE			
Address		207 South 4th Street-Artesia, NM 88210			
Reason(s) for filing (Check proper box)		Other (Please explain)			
New Well	<input type="checkbox"/>	Change in Transporter of:			
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.	
Jackson Estate BY	1	Eagle Creek S. A.	State, Federal or Fee Fee		
Location					
Unit Letter	K	1650	Feet From The South	Line and	2310 Feet From The West
Line of Section	22	Township	17S	Range	25E, NMPL, Eddy County
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Navajo Crude Oil Purchasing Company	North Freeman Ave-Artesia, NM 88210				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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	Sec.	Twp.	Rge.	Is gas actually connected? When
	K	22	17S	25E	yes 2-28-73
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
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					
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.			OIL CONSERVATION COMMISSION MAR 29 1979		
Christine Tomlinson			APPROVED		
(Signature)			BY W. A. Gressett		
Christine Tomlinson-Gool. Seety			TITLE SUPERVISOR, DISTRICT II		
3-28-79			This form is to be filed in compliance with RULE 1104.		
(Date)			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 logs 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.		