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

APR - 2 1979

O.C.C.  
ARTESIA, OFFICE

Operator  
Yates Petroleum Corporation

Address  
207 South 4th Street-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)  
From LSC

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE  
Lease Name: Federal LDY Well No.: 3 Pool Name, including Formation: Eagle Creek S. A. Kind of Lease: NM 0630 State, Federal or Fee: Fed. Lease No.:  
Location  
Unit Letter: F : 2310 Feet From The North Line and 2310 Feet From The West  
Line of Section: 27 Township: 17S Range: 25E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
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 ☐ or Dry Gas ☐  
Yates Petroleum Corporation Address (Give address to which approved copy of this form is to be sent)  
207 So. 4th Street-Artesia, NM 88210  
If well produces oil or liquids, give location of tanks. Unit: F Sec.: 27 Twp.: 17S Rge.: 25E Is gas actually connected? Yes When: 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 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  
Packed  
4 1/2 in.  
4 1/2 in.  
4 1/2 in.  
LT 6 in.

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.  
Christine H. Tomlinson  
(Signature)  
Christine Tomlinson-Geol. Secty.  
(Title)  
4-1-79  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED APR 4 - 1979  
BY W. A. Grasset  
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 deviation 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 change of owner, well name or number, or transporter or other such change of condition.