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

Form O-104
Superseding Old O-104 and O-105
Effective 1-1-65

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MAR 29 1979

Operator Yates Petroleum Corporation ✓		O. C. C.
Address 207 South 4th Street-Artesia, NM 88210		ARTESIA, OFFICE
Reason(s) for filing (check proper box)		Other (Please explain)
New Well ☐	Change in Transporter of: Oil ☒ Dry Gas ☐	[Handwritten Signature]
Recompletion ☐	Casinghead Gas ☐ Condensate ☐	
Change in Ownership ☐		

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE				
Lease Name Federal CD	Well No. 1	Pool Name, including Formation Eagle Creek S. A.	Kind of Lease NM 12832 State, Federal or Fee Fed.	Lease No.
Location				
Unit Letter C	: 990	Feet From The North	Line and 2310	Feet From The West
Line of Section 28	Township 17S	Range 25E	N.M.P.M., 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 South 4th Street-Artesia, NM 88210	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 28
	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

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pistol, 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 Tomlinson-Geol. Secty
(Signature)
Christine Tomlinson-Geol. Secty
(Title)
3-28-79
(Date)

OIL CONSERVATION COMMISSION
MAR 29 1979

APPROVED _____, 19____
BY W. A. 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 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 re-completed 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.