

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																	
APR 4 1979																	
ARTESIA, OFFICE																	
Operator Yates Petroleum Corporation																	
Address 207 South 4th Street - Artesia, NM 88210																	
Reason(s) for filing (Check proper box)																	
New Well <input type="checkbox"/> Change in Transporter oil <input type="checkbox"/>																	
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"/>																	
Other (Please explain) From well																	
If change of ownership give name and address of previous owner																	
DESCRIPTION OF WELL AND LEASE																	
Lessee Name J Lazy J																	
Well No. 5																	
Pool Name, Including Formation Eagle Creek S. A.																	
Kind of Lease State, Federal or Fee Fee																	
Lease No.																	
Location																	
Unit Letter I																	
2310 Feet From The South Line and 990 Feet From The East																	
Line of Section 22 Township 17S Range 25E, NMPLM, 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"/>																	
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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>																	
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 H																	
Sec. 22																	
Twp. 17S																	
Rge. 25E																	
Is gas actually connected? Yes																	
When 4-1-74																	
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 <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same hole <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>																	
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 (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)																	
OIL WELL																	
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.																	
Christine Tomlinson-Geol. Secty.																	
(Signature)																	
Christine Tomlinson-Geol. Secty.																	
(Title)																	
3-30-79																	
(Date)																	
OIL CONSERVATION COMMISSION																	
APPROVED APR 4 - 1979																	
BY W. A. J. J. J.																	
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 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.																	