

DISTRIBUTION

SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OPERATOR

PRODUCTION OFFICE

5

7

7

7

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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

Yates Petroleum Corporation

Address

207 South 4th Street - Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

From Soc

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

J Lazy J

Well No.

6

Pool Name, including Formation

Eagle Creek S. A.

Kind of Lease

State, Federal or Fee

Fee

Lease No.

Location

Unit Letter

G

1650

Feet From The

North

Line and

2310

Feet From The

East

Line of Section

22

Township

17S

Range

25E

NMPM,

Eddy

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

X

or Condensate

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

Address (Give address to which approved copy of this form is to be sent)

207 So. 4th Street-Artesia, NM 88210

Yates Petroleum Corporation

Unit

H

Sec.

22

Twp.

17S

Rge.

25E

Is gas actually connected?

Yes

When

4-4-74

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

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

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. 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 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.