

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Superseding Old C-104 and C-11 Effective 1-1-65	
SALES RE		REQUEST FOR ALLOWABLE			
FILE		AND			
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER		OIL			
		GAS			
OPERATOR					
PRODUCTION OFFICE					
		RECEIVED			
		MAR 28 1979			
Operator		Yates Petroleum Corporation			
Address		207 South 4th Street - Artesia, NM 88210			
		O. C. C. ARTESIA, OFFICE			
Reason(s) for filing (Check proper box)		Other (Please explain)			
New Well ☐		Change in Transporter of ☒ Oil ☒ Dry Gas ☐			
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		Well No.		Pool Name, including Formation	
Jackson AT		5		Eagle Creek S. A.	
Kind of Lease		State, Federal or Fee		Lease No.	
		Fee			
Location					
Unit Letter M : 330 Feet From The West Line and 990 Feet From The South					
Line of Section 13 Township 17S Range 25E . NMPLM, Eddy County					
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil ☒ or Condensate ☐		Address (Give address to which approved copy of this form is to be sent)			
Navajo Crude Oil Purchasing Company		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)			
Yates Petroleum Corporation		207 South 4th Street - Artesia, NM 88210			
If well produces oil or liquids, give location of tanks.		Unit		Sec.	
		N		14	
		17S		25E	
		Is gas actually connected?		When	
		yes		6-7-74	
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	
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay	
Perforations				Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
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	
Actual Prod. During Test		Oil-Bbls.		Water-Bbls.	
				Gas-MCF	
GAS WELL					
Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MMCF	
Testing Method (pilot, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	
				Gravity of Condensate	
				Choke Size	
CERTIFICATE OF COMPLIANCE					
OIL CONSERVATION COMMISSION					
APPROVED MAR 29 1979					
BY W. A. Gressitt					
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.					