NEW MEXICO OIL CONSCRVATION COMMISSION DEFICION 1bm C-104 Superseder Old C-101 and C-11 REQUEST FOR ALLOWABLE SAHEA PE Effective 1-1-65 **UNV** 1 11. C AUTHORIZATION TO TRANSPORT OIL AND NATURAL BAS U.S.G.S. LAND OFFICE AA A CA 1579 OIL **TRANSPORTER** OPCHATOR Sando Sando Gratio PRODATION OFFICE Operator Yates Petroleum Corporation Address 207 South 4th Street-Artesia, NM 88210 Other (Please explain) Reason(s) for liling (Check proper box) Change in Transporter of: New Well [X]Dry Gas Oil Recompletion Frem Soc Condensate Castnghead Gos Change in Ownership If change of ownership give name and address of previous owner..... DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Lease Name State, Federal or Fee Fee 10 Eagle Creek S. S. J Lazy Location 430 Feet From The NOTTH Line and Feet From The ___East 1750 Unit Lotter_H , NMPM, Eddy Township 17S 25E Range 22 Line of Section DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Neme of Authorized Transporter of Oil Freeman Ave-Artesia, NM 88210 Give address to which approved copy of this form is to be sent) Nava jo Crude Oil Purchasing Company Name of Authorized Transporter of Casinghead Gas () or Dry Gas (207 South 4th Street-Artesia, NM 88210 Yates Petroleum Corporation Is gas actually connected? P.ge. Twp. Unit If well produces oil or liquids, give location of tanks. 8-13-74 !22 17S ! 25E Yes H give commingling order number: If this production is commingled with that from any other lease or pool, COMPLETION DATA Same Hesty, Dist. Resty Workever Deepen Plua Back Gas Well Oil Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Pred. Date Spudded Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoo Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) TEST DATA AND REQUEST FOR ALLOWABLE OIL WEIL Preducing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Choke Size Pos Casing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bbls. Actual Prod. During Tool Oll-lible. GAS WELL Gravity of Condensate Bbla. Condensate/MMCF Length of Test Actual Fred. Test-MCF/D

Tubing Prossuro (Shut-111)

mli

Secty

I hereby cortify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.

(Stanuture)

(Tille)

3 - 30 - 79(Date)

Christine Tomlinson-Geol.

Testing Mothed (pitot, back pr.)

CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION APPROVED 1

Choke Size

Lease No.

County

SUPERVISOR, DISTRICT

Cosing Pressure (Shut-in)

This form is to be filed in compliance with RULE 1104,

If this is a request for allowable for a newly difficier deepened well, this form that 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 silow-this on now and recompleted value.

Fill out only flections I. H. III, and VI for changes of averat, all name or number, or transporter, or other such thange of condition.