

STATE	
FEDERAL	
G.S.	
OFFICE	
TRANSPORTER	G.L.
	G.
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE--
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AMENDED REPORT

RECEIVED

Operator	Yates Petroleum Corporation	FEB 16 1976
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 <input checked="" type="checkbox"/>	Change in Transporter of:	To Change Location of Tanks
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	0LS-96
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Yates Fee DT	1	Eagle Creek San Andres	State, Federal or Fee Fee	
Location				
Unit Letter	E	2076 Feet From The North Line and 981 Feet From The West		
Line of Section	13	Township 17S	Range 25E	NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purchasing Company	N. Freeman Avenue-Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Yates Petroleum Corporation	207 So. 4th Street-Artesia, NM 88210					
If well produces oil or liquids, give location of tanks. 0LS-96	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	13	17S	25E	Yes	10-8-74

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
9-13-74	10-8-74	1540'	1511'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tuning Depth					
3468' GR	San Andres	1343'	1425'					
Perforations			Depth Casing Shoe					
1343-1450' San Andres			1511'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
14-3/4"	10-3/4"	340'	200 sacks					
9-7/8"	7"	1210'	475 sacks					
6 1/4"	4 1/2 & 5 1/2"	1511'	125 sacks					
	2" EUE	1425'						

V. 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)

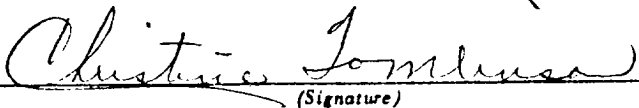
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10-8-74	10-14-74	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
60.0	49.0	11 BLW	30.2

GAS WELL

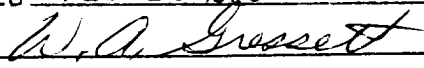
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.


(Signature)
Christine Tomlinson - Geol Secty
(Title)
2-13-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 16 1976, 19
BY 
SUPERVISOR, DISTRICT II
TITLE _____

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.