

DISTRIBUTION		
SANTA FE	/	
FILE	/	
U.S.G.S.	/	
LAND OFFICE	/	
TRANSPORTER	/	
OPERATOR	/	
PRODUCTION OFFICE	/	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Superseding Old C-101 and C-11
Effective 1-1-65

RECEIVED

Operator Yates Petroleum Corporation	
Address 207 South 4th Street-Artesia, NM 88210	
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 ☐	From Sec

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE				
Lease Name Federales BO	Well No. 6	Pool Name, including Formation Eagle Creek S. A.	Kind of Lease NM 036191 State, Federal or Fee Fed.	Lease No.
Location				
Unit Letter A	990	Feet From The North	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 ☒ 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 So. 4th Street-Artesia, NM 88210		
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 23	Twp. 17S	Rge. 25E
Is gas actually connected?	Yes	When	10-16-74	

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

COMPLETION DATA				
Designate Type of Completion - (X)				
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

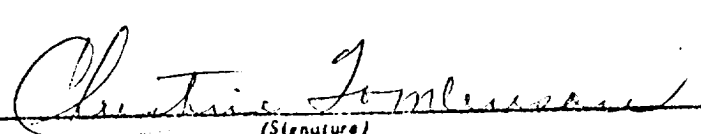
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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-Bble.	Water-Bble.	Gas-MCF

Postd
10-3
4-6-79
Choke
LTH

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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	
(Title)	
3-30-79	
(Date)	

OIL CONSERVATION COMMISSION	
APR 4 - 1979	
APPROVED	19
BY	W.A. Gussert
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.	