

DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	<input type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>

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

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

RECEIVED

NOV 8 1976

Operator Yates Petroleum Corporation	
Address 207 South 4th Street - Artesia, NM 88210	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "BZ"	Well No. 15	Pool Name, including Formation Eagle Creek S.A.	Kind of Lease NM 0219603 State, Federal or Fed. Fed.	Lease No.
Location				
Unit Letter <u>P</u> ; <u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u>				
Line of Section <u>21</u> Township <u>17S</u> Range <u>25E</u> , NMPM, <u>Eddy</u> 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"/> Navajo Crude Oil Purchasing Company	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Yates Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 207 South 4th St - Artesia, NM 88210	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 21
	Twp. 17S	Rge. 25E
	Is gas actually connected? <u>Yes</u> When <u>10-30-76</u>	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 10-8-76	Date Compl. Ready to Prod. 10-30-76		Total Depth 1450'		P.B.T.D. 1415'			
Elevations (DF, RKB, RT, GR, etc.) 3556' GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 1313'		Tubing Depth 1298'			
Perforations 1313-1397'					Depth Casing Shoe 1415'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	10-3/4"		401'		250			
9 1/2"	7"		1128'		500			
6 3/4"	4 1/2 & 5 1/2"		1415'		150			
	2-3/8"		1298'					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 10-30-76	Date of Test 11-2-76	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure 27#	Casing Pressure -	Choke Size -
Actual Prod. During Test 85.1	Oil - Bbls. 72.9	Water - Bbls. 12.2 BLW	Gas - MCF 60.5

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.

Christine Tomlinson
(Signature)

Christine Tomlinson-Geol Secty

(Title)

11-5-76

(Date)

OIL CONSERVATION COMMISSION
NOV 9 1976

APPROVED _____, 19____
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.

IN COMPLETION REPORT (One Copy Must Be Filled With Each Completion Report.)		9. RRC District
1. FIELD NAME (as per RRC Records or Wildcat) Eagle Creek S. A.	2. LEASE NAME Federal "BZ"	7. RRC Lease Number. (Oil completions only)
3. OPERATOR Yates Petroleum Corporation		8. Well Number 15
4. ADDRESS 207 So. 4th Street - Artesia, NM 88210		9. RRC Identification Number (Gas completions only)
5. LOCATION (Section, Block, and Survey) Sec. 21-17S-25E		10. County Eddy

RECORD OF INCLINATION

[illegible]

If additional space is needed, use the reverse side of this form.

17. Is any information shown on the reverse side of this form? ☐ yes ☒ no

18. Accumulative total displacement of well bore at total depth of 1450 feet = 35.04 feet.

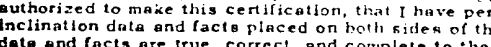
*19. Inclination measurements were made in - ☐ Tubing ☐ Casing ☐ Open hole ☒ Drill Pipe

20. Distance from surface location of well to the nearest lease line _____ feet.

21. Minimum distance to lease line as prescribed by field rules _____ feet.

22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? No

(If the answer to the above question is "yes", attach written explanation of the circumstances.)

INCLINATION DATA CERTIFICATION I declare under penalties prescribed in Article 6036c, R.C.S., that I am authorized to make this certification, that I have personal knowledge of the inclination data and facts placed on both sides of this form and that such data and facts are true, correct, and complete to the best of my knowledge. This certification covers all data as indicated by asterisks (*) by the item numbers on this form.	OPERATOR CERTIFICATION I declare under penalties prescribed in Article 6036c, R.C.S., that I am authorized to make this certification, that I have personal knowledge of all information presented in this report, and that all data presented on both sides of this form are true, correct, and complete to the best of my knowledge. This certification covers all data and information presented herein except inclination data as indicated by asterisks (*) by the item numbers on this form.
<div style="border-bottom: 1px solid black; height: 40px; margin-bottom: 5px;">  </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Signature of Authorized Representative </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Name of Person and Title (type or print) </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Name of Company </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Telephone: </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Area Code </div>	<div style="border-bottom: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Signature of Authorized Representative </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Name of Person and Title (type or print) </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Operator </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Telephone: </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Area Code </div>

Railroad Commission Use Only:

Approved By: _____ Title: _____ Date: _____

* Designates items certified by company that conducted the inclination surveys.