UISTRIBUTION NEW MEXICO OIL CONSERVATION COTTISSION TA FE Form C+104 REQUEST FOR ALLOWABL. Supersedes Old C-104 and C-11 FI.E AND Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS L/ ND OFFICE OIL RECEIVED TRANSPORTER GAS OPERATOR OCT 27 1975 PRORATION OFFICE Operator Yates Petroleum Corporation v O. C. C. Address ARTESIA, OFFICE 207 South 4th Street - Artesia, 88210 NM Reason(s) for filing (Check proper box) Other (Please explain) X Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, including Formation Lease Nam Kind of Lease Lease No. Tidwell "ED" Com Kennedy Farms Morrow State, Federal or Fee Fee Location Unit Letter_ 990 Feet From The South Line and 660 Feet From The East Line of Section 22 Township 17S 26E Range Eddy County HI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate Navajo Crude Purchasing Company No. Freeman Aveune - Artesia, NM 88210 Name of Authorized Transporter of Casinghead Gas _____ or Dry Gas _X Address (Give address to which approved copy of this form is to be sent) Transwestern Pipeline Company P. O. Box 2521 Houston, TX 77001 Unit Sec. Twp. Is gas actually connected? If well produces oil or liquids, P 2.2 لوق د فرات 17S | 26E If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oll Well Gas Well New Well Plug Back | Same Res'v. Diff. Res'v Designate Type of Completion - (X) X X Date Compl. Ready to Prod. Total Depth P.B.T.D. 1-10-75 2-21-75 8830' WL 8656' Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oll/Gas Pay Tubing Depth 3326' GR Morrow 8507 8484 Perforations Depth Casing Shoe 8507-8526' (Morrow) Tubing Completion 8719' TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT 13-3/8" 5201 550 12½" 8-5/8" 1500' 1160 7-7/8" 5½" 8719 200 2_3/8" 8484 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) OIL WELL 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-Bbls. Water - Bbls. Gas - MCF **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate 7680 24 80 51.8 Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Back Pressure 1260 Packer 1/2" 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.

Eddie M. Mahfood $u_{ exttt{Engineer}}$

<u> 10-24-75</u>

(Title)

(Date)

OIL CONSERVATION COMMISSION
APPROVED NOV 1 : 1975
By W. a. Shessett
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, all name or number, or transporter, or other such change of condition.