

SECTION		2
SANITARY		1
FILE		1
USE		1
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PRODUCTION OFFICE		

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

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

JAN 6 1977

Operator Yates Petroleum Corporation		<b>O. C. C.</b> ARTESIA OFFICE	
Address 207 South 4th Street - Artesia, NM 88210			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of <input type="checkbox"/>		
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"/>	

If change of ownership give name and address of previous owner

P-5460 7-1-77

II. DESCRIPTION OF WELL AND LEASE

Lease Name Patterson "EL"	Well No. 1	Pool Name, Including Formation Und. Strawn (Wildcat)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter M ; 990 Feet From The South Line and 660 Feet From The West Line of Section 31 Township 17S Range 26E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Transwestern Pipeline Company	P. O. Box 2521 - Houston, TX 77001					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 13	Twp. 17S	Rge. 26E	Is gas actually connected? Yes	When 1-11-77

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					
Date Spudded 8-15-75	Date Compl. Ready to Prod. 10-8-75	Total Depth 8640'		P.B.T.D. 8080'					
Elevations (DF, RKB, RT, GR, etc.) 3442' GR	Name of Producing Formation Strawn	Top Oil/Gas Pay 8002'		Tubing Depth 7920'					
Perforations 8002-8030'				Depth Casing Shoe 8590'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17½"		13-3/8"		360'		250			
12¼"		8-5/8"		1269'		600			
7-7/8"		4½"		8590'		375			
		2-7/8"		7920'					

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)

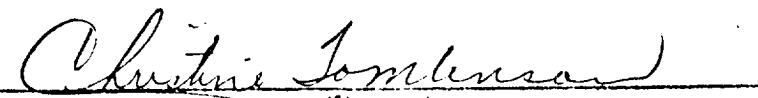
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

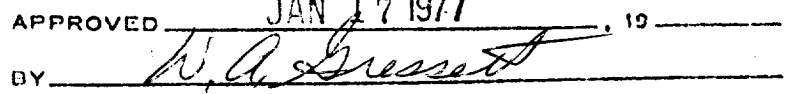
GAS WELL

Actual Prod. Test-MCF/D 1320	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Back Press.	Tubing Pressure (Shut-in) 2409	Casing Pressure (Shut-in) Packer	Choke Size 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.

  
(Signature)  
Christine Tomlinson-Geol. Secty  
(Title)  
1-5-77  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED JAN 17 1977  
BY   
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.