	DISTRIBUTION  5ANTA PE  FH.E.  U.S.G.S.	REQUEST	CONSCRIVATION COMMISSION FOR ALLOWABLE AND MISSION ON AND MATHRAL	thin C-104 Supersoiles Ald C-104 and C Effective 1-1-65
	LAND OFFICE			
	TRANSPORTER OIL			RECEIVED
ı.	OPERATOR PROBATION OFFICE			FEB 23 1978
	Yates Petroleum Corporation			O. C. G.
	Address			ARTESIA, OFFICE
	207 South 4th Street - Artesia, NM 88210			
	Reason(s) for liling (Check proper box)	Change in Transporter of:	Other (Please explain)	•
	Recompletion	OII Dry Go		•
	Change in Ownership	Casinghead Gas Conden	<b>7</b> 1	
	If change of ownership give name			
	and address of previous owner		<u> </u>	
ī.	DESCRIPTION OF WELL AND	LEASE	·	
	Lease Name	Well No. Pool Name, Including Fo	1	Lease
	City of Artesia "EQ"	l Eagle Creek	Permo-Penn Gastate, Fede	ral or Fee Fee
	<b>}</b>	O market South	e and 1980 Feet From	
	Unit Letter . J · ; 165	Feet From The SOUCH Lin	e and 1980 Feet i for	The <u>East</u>
	Line of Section 24 Tow	mahip 175 Range	25E , NMPM,	Eddy County
_			•	
I.	DESIGNATION OF TRANSPORT	or Condensate X		roved copy of this form is to be sent)
	Navajo Crude Oil Pur		No. Freeman Ave -	Artesia NM 99310
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Z. Address (Give ad			roved copy of this form is to be sent)
	Transwestern Pipelin		P. O. Box 2521- He	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge.  J 24 17S 25E	Is gas actually connected? Yes	ihen
	Linear Li		<u> </u>	
	If this production is commingled wit COMPLETION DATA			
	Designate Type of Completio	n - (X) Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'
	Date Spudded	Date Compl. Ready to Prod.	X Total Dopth	P.B.T.D.
	8-16-75	11-30-75	8406	6800
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	3450	Penn	6530	6472
	Perforations	6520 6600 1		Depth Casing Shoo
		6530-6600 1	CEMENTING RECORD	8277
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	175"	.13-3/8"	369	250
	124"	8-5/8"	1262' 8277	1325
	7778"	4½" 2-3/8"	6472	545
	TECT DATA AND DECLIEST SO	<u></u>	<u></u>	il and must be equal to or exceed top alic
	OIL WELL able for this depth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Preducing Mothed (Flow, pump, gas	lift, etc.)
	Length of Test	Tubing Pressure	Casing Preseure	Choke Size
	·			
	Actual Pred, During Tool	Oil-Bhls.	Water-Bbis.	Gae-MCF
			<u> </u>	
	GAS WELL			
	Actual Prod. Tool-MCF/D	Length of Teal	Bbls. Condensate/MMCF	Gravity of Condenacts
	490	24		
	Testing Mothed (pitot, back pr.)	Tubing Procours (Shui-Lu)	Cosing Pressure (Shut-in)	Cheke Size
	Back Pressure	1770	pkr ou coustry	1/2"
Ί.	CERTIFICATE OF COMPLIANC	SIE .		ATION COMMISSION
	I hereby cortify that the rules and r	eculations of the Oil Connervation	APPROVED, 19	
	Commission have been compiled w	ith and that the information given	, ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	
	above is true and complete to the best of my knowledge and belief.			
			TITLE	
	(1/2 + 1 )		Thin form is to be filled in compliance with RULE 1104. If this is a request for allowable for a newly difficulty deepen	
	Colintia Amb	useu	well, this form must be accompenied by a tabulation of the caviali	
	Christine Tomlinson-Geol. Secty		toute taken on the well in accordance with nult 111.	
	(Title)		All sections of this form must be filled out completely for allo- able on new and secondicted visits.	
	the state of the s		FIH out only Sections I,	II. III, and VI for changer of owning conditions and or an include of conditions