SA TAFE FI E .G.5. L. ID OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE-AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TRANSPORTER GAS 1					RECEIVED						
OPERATUR							NOV 9	1075			
PRORATION OFFICE Operator					NOV 2 1 1975						
Yates Petroleum Corporation					o. c. c.						
207 South	1 4th St	reet -	Artesia	, NM	88210		-ARTESIA,	OFFICE			
Reason(s) for filing (Check proper bo	x)			···	Other (Please	explaint	Vote: Admini	A		
New Well	Cliding in Fransporter of:						Other (Please explain) Note: Administrative Order Ols-96-Permitted off lse.				
Recompletion	=	Oil		Dry (Gas 🔲			cank battery			
Change in Ownership		Casin	ghead Gas	Cond	iensate	produc	e in.	rank parrery	το		
If change of ownersh and address of previ-	ip give name ous owner										
II. DESCRIPTION OF	WELL AND	LEASE	· · · · · · · · · · · · · · · · · · ·								
Smith "EB"		ı	No. Pool Name,			1	Kind of Leas		Lease No		
Location ED	· · · · · · · · · · · · · · · · · · ·		Eagle	Creek	- San	Andres	State, Federa	nlor Fee Fee			
Unit Letter F	:16	550_Feet	From The	North:	ine and	1650	_ Feet From	™• West			
Line of Section 1	.3 то	wnship 17	<u>s</u>	Range	25E	, ИМРМ,	Edd	У	County		
III. DESIGNATION OF	TRANSPOR	TER OF O	IL AND NAT	URAL G					<u>-</u> -		
Navaio Cruc	Name of Authorized Transporter of Oil XX or Condensate Navajo Crude Purchasing Company					Address (Give address to which approved copy of this form is to be sent)					
	Name of Authorized Transporter of Casinghead Gas XX or Dry Gas					No. Freeman Avenue-Artesia, NM 88210 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 give location of tanks.		Unit S	Sec. Twp.	Rge.	1	ally connected	? Whe				
If this production is c	ommingled wi	·		7S' 25E se or pool,			number:	11-	-11-75		
IV. COMPLETION DAT	r <u>a</u>			Gas Well	New Well	Workover					
Designate Type	of Completio	on - (X)	X		X	WOLKOVEL I	Deepen	Plug Back Same Re	s'v. Diff. Res'		
Date Spudded		Date Compl	Ready to Prod.	•	Total Dept		L	P.B.T.D.	<u></u>		
10-1-75 Elevations (DF, RKB, I	PT CP	·	1-75-75 oducing Formation			40'					
3466' GR		1	n Andres		Top Oil/Go	15 Pay .406 '		Tubing Depth 1383			
Perforations 1406-1464 '								Depth Casing Shoe			
	1400-140		TUBING, CAS	SING AN	D CENENTI	NC DECORD		1540'			
HOLE SI	ZE	CASIN	G & TUBING		CEMENT	DEPTH SET		SACKS CEN	JENT.		
14-3/4"			10-3/4"			325'		250 sac			
9-7/7"			7.''		·	1212'		775 sac	ks		
6-1/4"		5½	3/8" 4 ¹ 5"		 	1540' 1383		150 sac			
V. TEST DATA AND R	EQUEST FO	R ALLOW	ABLE (Test	t must be a	fter recovery	of total volume	of load oil a	nd must be equal to or e	exceed top allou		
Date First New Oil Run	Date First New Oil Run To Tanks Date of Test					depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)					
11-5-75					Pumping						
Length of Test 24	Length of Test 24		Tubing Pressure 20#			Casing Pressure 20#		Choke Size			
Actual Prod. During Tee 21	it	Oil-Bbls. 10.5			Water-Sbla.			Gas-MCF 8.8			
GAS WELL					<u> </u>		.]	· .			
Actual Prod. Test-MCF	/ D	Length of Te	st		Bbls. Conde	nsate/MMCF	<u> </u>	Gravity of Condensate			
Testing Method (pitot, b	ack pr.)	Tubing Press	we (Shut-in)	1	Casina Pres	sure (Shut-in	,	Ob the Burn			
				<u> </u>			,	Choke Size			
VI. CERTIFICATE OF	COMPLIANC	E						TON COMMISSION	4		
I hereby certify that th	e rules and re	gulations of	the Oil Cons	ervation	APPROV	ED NOV	2 1 19/5		19		
Commission have been above is true and com	complied windlete to the	th and that best of my	the information knowledge and	on given i belief.	8Y	W.a.	Dr	essett			
. /	1	,			TITLE	SUPERVISO	R, DISTR	ICT. U			
					This form is to be filed in compliance with RULE 1104.						
(Signature) Christine Tomlinson-Geol. Secty					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.						
			71. DECE	<u> </u>	A11 se	ctions of this	form must	be filled out complet			
	11-20-75					sble on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of owner.					
	(Date	,			well name	or number, or	transporter,	or other such change	of condition.		