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LAND OFFICE	
TRANSPORTER	OIL 7 GAS 7
OPERATOR	7
PRODUCTION OFFICE	

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

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

APR - 2 1979

O.C.C.
ARTESIA, OFFICE

Operator Yates Petroleum Corporation	
Address 207 South 4th Street-Artesia, NM 88210	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☒ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐	Other (Please explain) From SOC

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE	
Lease Name J Lazy J	Well No. 11 Pool Name, including Formation Eagle Creek S. A.
Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter G : 2310 Feet From The North Line and 2310 Feet From The East	
Line of Section 22 Township 17S Range 25E	NMPLM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil ☒ or Condensate ☐ 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 ☐ or Dry Gas ☒ Yates Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 207 So. 4th Street-Artesia, NM 88210
If well produces oil or liquids, give location of tanks.	Unit H Sec. 22 Twp. 17S Rge. 25E Is gas actually connected? Yes When 11-1-75

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Length of Test
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)
Bbls. Condensate/MMCF	Gravity of Condensate
Casing Pressure (shut-in)	Choke Size

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-Geol. Secty.	
(Signature)	
(Title)	
3-30-79	
(Date)	

OIL CONSERVATION COMMISSION	
APR 4 - 1979	
APPROVED	19
BY	W. A. Gressett
SUPERVISOR, DISTRICT II	
TITLE	

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 logs 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.