

DISTRIBUTION	5	
SA	TA	FE
FI	E	
G.S.		
ID	OFFICE	
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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

Operator Yates Petroleum Corporation ✓		
Address 207 South 4th Street - Artesia, NM 88210		
Reason(s) for filing (Check proper box)		Other (Please explain) Note: OCC Order OLS-96 - permitted relocation of tank battery for off lse storage.
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Yates Fee "DT"	Well No. 2	Pool Name, Including Formation Eagle Creek (S.A.)	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>E</u> ; <u>390</u> Feet From The <u>West</u> Line and <u>1900</u> Feet From The <u>North</u> Line of Section <u>13</u> Township <u>17S</u> Range <u>25E</u> , NMPM, <u>Eddy</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) No. Freeman Avenue-Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 I	Sec. 14	Twp. 17S	Rge. 25E	Is gas actually connected? Yes	When 11-15-75

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 10-29-75	Date Compl. Ready to Prod. 11-15-75		Total Depth 1508'		P.S.T.D. 1494'			
Elevations (DF, RKB, RT, CR, etc.) 3477' GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 1370'		Tubing Depth 1348'			
Perforations 1370-1487'					Depth Casing Shoe 1494'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	10-3/4"		333'		200 SX			
9 1/2"	7"		1190'		1000 SX			
6 1/2"	4 1/2 & 5 1/2"		1494'		150 SX			
	2-3/8"		1348'					

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 11-15-75	Date of Test 11-20-75	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 20	Casing Pressure 20	Choke Size Open
Actual Prod. During Test 44.2 Bbls	Oil-Bbls. 33.2	Water-Bbls. 11 BLW	Gas-MCF 26.6

GAS WELL

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

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.

Christine Tomlinson
(Signature)
Christine Tomlinson - Geol. Secty
(Title)
11-21-75
(Date)

OIL CONSERVATION COMMISSION
NOV 24 1975
APPROVED _____, 19____
BY N.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 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.