REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 AND G.S. JTHORIZATION TO TRANSPORT OIL AND NATURAL GAS . ID OFFICE OIL **IRANSPORTER** RECEIVED GAS OPERATOR PRORATION OFFICE ٦. JAN 8 1976 Operator Yates Petroleum Corporation <u>a.</u> c. c ARTESIA, OFFICE 207 South 4th Street, Artesia, N.M. 88210 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation und. Lease No. Johnson "FE" 1 Eagle Creek S.A. State, Federal or Fee Fee Location Unit Letter A 330 Feet From The North Line and 990 Feet From The East Township 178 Renge 25E , NMPM, Eddy County HI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | Name of Authorized Transporter of Oil XX | or Condensate | | | Address (Give address to which approved copy of this form is to be sent) Navajo Crude Oil Purchasing No. Freeman Ave., Artesia, No. Freeman Ave., Artesia, N.M. 882. Address (Give address to which approved copy of this form is to be sent) 88210 or Dry Gas Yates Petroleum Corporation 207 South 4th Street, Artesia, N.M 8821 Unit If well produces oil or liquids, give location of tanks. P.ge. Is gas actually connected? 23 17<u>S</u> 25E Yes <u>1-1-76</u> If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Plug Back Same Res'v. Diff. Res'v Designate Type of Completion - (X) X X Date Compl. Ready to Prod. Total Depth P.B.T.D. **11-28-**75 12-23-75 <u> 1520'</u> <u> 1470'</u> Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oll/Gas Pay Tubing Depth 3475' GR San Andres 1307 1288 Depth Casing Shoe Perforations 1307 -1440' 1470' TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 15" 10-3/4 402' 250 sacks 9-7/8" 7" 925 sacks 1200' 6~¼" & 5½" 1470' 150 sacks 2-3/8" 1288' V. TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) 12-23-75 1-4-76 pumping Length of Test Tubing Pressure Casing Pressure Choke Size 24 hrs 20 <u> 20</u> open Actual Prod. During Test Oil-Bbls. Water - Bbls. Ggs - MCF 22.9 10.3 BLW 15.4 **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 OIL CONSERVATION COMMISSION JAN 8 1976 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. SUPERVISOR, DISTRICT. II TITLE This form is to be filed in compliance with RULE 1104. 721l If this is a request for allowable for a newly drilled or deepened (Signature) well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. Christine Tomlinson - Geol Secty All sections of this form must be filled out completely for allowable on new and recompleted wells. (Title) 1-7-76 Fill out only Sections I, II. III, and VI for changes of owner, name or number, or transporter, or other such change of condition. (Date)