

S/ TAFE		
E		
G.S.		
D OFFICE		
TRANSPORTER	Oil	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED

AMENDED REPORT

FEB 16 1976

Operator	Yates Petroleum Corporation	D. C. C.
Address	207 South 4th Street - Artesia, NM 88210	ARTESIA, OFFICE
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	To Change location of tanks
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	045-104
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Johnson "FE"	Well No.	1	Pool Name, including Formation	Eagle Creek S.A.	Kind of Lease	State, Federal or Fee	Fee	Lease No.
Location	Unit Letter <u>A</u> ; <u>330</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u>								
Line of Section	<u>23</u>	Township	<u>17S</u>	Range	<u>25E</u>	, NMPM,		Eddy	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"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Company	No. Freeman Ave., Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Yates Petroleum Corporation,	207 South 4th Street, Artesia, NM 88210
If well produces oil or liquids, give location of tanks. <u>045-104</u>	Unit <u>P</u> Sec. <u>14</u> Twp. <u>17S</u> Rge. <u>25E</u>
	Is gas actually connected? <u>Yes</u> When <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

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
11-28-75	12-23-75		1520'		1470'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3475' GR	San Andres		1307'		1288'			
Perforations	1307-1440'					Depth Casing Shoe		
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"		1200'		925 sacks			
6 1/4"	4 1/2 & 5 1/2"		1470'		150 sacks			
	2-3/8"		1288'					

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	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	20	Open
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
33.2	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

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)
2-13-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 16 1976
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

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.