Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be a vates Petroleum Corporation, Address (Give address to which approved copy of this form is to be a vates Petroleum Corporation, 207 South 4th Street, Artesia, N If well produces oil or liquids, 104 Unit Sec. Twp. Rge. Is gas actually connected? When qive location of tanks. P 14 175 25E Yes 1-1-76 If this production is commingled with that from any other lease or pool, give commingling order number:	County County See sent) See sent)
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AMENDED REPORT FEB 16 1976	County De sent) 18210 De sent)
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Yates Petroleum Corporation Yates Petroleum Corporation Address 207 South 4th Street - Artesia, NM 88210 Reason(s) for filing (*Ckeck proper box*) New Well Change in Transporter of: Recompletion Oil Casinghead Gas Condensate If change of ownership give name and address of previous owner II Change of ownership give name and address of previous owner II DESCRIPTION OF WELL AND LEASE Lease Name Johnson "FE" 1 Eagle Creek S.A. State, Federal or Fee Location Unit Letter A; 330 Feet From The North Line and 990 Feet From The East Line of Section 23 Township 17S Range 25E NMPM, Eddy III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Nome of Authorized Transporter of Oil Off or Condensate Address (Give address to which approved copy of this form is to be Yates Petroleum Corporation, Address (Give address to which approved copy of this form is to be Yates Petroleum Corporation, Page 1980 Petroleum Corporation, Page 2080 Petroleum Cor	County De sent) 18210 De sent)
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If this production is commingled with that from any other lease or pool, give commingling order number:	11 002
TOTAL PARTY CONTRACTOR OF THE	
V. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty.	Diff. Res'v.
Designate Type of Completion - (X) X	!
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 11-28-75 12-23-75 1520	
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 CEMEN	4T
15" 10-3/4" 402' 250 sacks	
9-7/8" 7" 1200' 925 sacks	l l
$6\frac{1}{4}$ " $4\frac{1}{2} & 5\frac{1}{2}$ " 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 exceased. OIL WELL. (Test must be after recovery of total volume of load oil and must be equal to or exceased.)	sed top allow-
Date First New Oil Run To Tanks 12-23-75 Date of Test Producing Method (Flow, pump, gas lift, etc.) Pumping	
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-Bble. 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	
I. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION	
FER 1 6 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. By	
TITLE SUPERVISOR, DISTRICT T	
This form is to be filed in compliance with RULE 11	104.
If this is a request for allowable for a newly drilled o	or deepened
(Signature) Christine Tomlinson-Geol. Secty well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.	e deviation
All sections of this form must be filled out completely	y for allow-
2-13-76 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	