DISTRIBUTION			3
SAULAFE		1	
FILE		1	V
U.5.G.5.			
LAND OF FICE			
TRANSPORTER	on.	11	
	GA5	1	
OPERATOR		11	
PRODATION OFFICE		1	

NEW MEXICO OIL CONSCRVATION COMMISSION REQUEST FOR ALLOWABLE **CHV**

Poin C-104 Superarder Old C-104 and C-1: Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

LAND OFFICE OIL Z		-	RECEIVED	
OPERATOR / PRODATION OFFICE			MAR 28 1979	
Operator Dotate Louis Co	proporation /			
Yates Petroleum Co	or poracion		ARTESIA, OFFICE	
207 South 4th Stre	eet - Artesia, NM 882	Other (Please explain)		
Reason(s) for filing (Check proper box)	Change in Transporter of			
Recompletion	OII XX Dry Gas	i=5 1		
Change in Ownership	Cuninghead Gas Condens	3010	<u> </u>	
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	Vell No. Pool Name, Including Fo	imulton Kind of Lease	Lease No.	
Jackson AT	8 Eagle Creek	la c	crfco Fee	
Location		0.01.0	The Thrat	
Unit Letter J: 23	O Feel From The South Line	and 2310 Feet From 1	ne <u>rast</u>	
Line of Section 14 Tov	emship 17S Range	25E , NMPM, Eddy	County	
DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GAS or Condensate	Wariess lotte address to town all	.	
Navajo Crude Oil I	Furchasing Company	No. Freeman Ave-Arta Address (Give address to which approv	ed copy of this form is to be sent)	
Yates Petroleum Co		207 South 4th Street	t-Artesia, NM 88210	
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	is gas actually connected? Who	4-6-76	
give location of tanks.	J 14 178 25E		7-6-7-5	
If this production is commingled with COMPLETION DATA	th that from any other lease or pool, a		Plug Back Same Nesty, Diff. Resty.	
Designate Type of Completic		New Well Workover Deepen	7.13	
Dete Spuddod	Date Compl. Ready to Pred.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, ctc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
Ejevations (DF, KAB, KI, GK, etc.)			Depth Casing Shoe	
Perforations			Depth Gasing ones	
	TUBING, CASHIG, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	The state of the state of	/ essential voir me of load oil	and must be equal to or exceed top allows	
TEST DATA AND REQUEST FOIL WELL	OR ALLUMABLE (Fest must be a) able for this de	pth or be for full 24 hours?		
Date First New Oil Run To Tanks	Date of Test	Preducing Methed (Flow, pump, gas li	, (10.)	
Length of Tost	Tubing Pressure	Casing Pressure	Choke Size	
	Oil PM	Water-Bble.	Gas-MCF	
Actual Pred. During Tool	Oil-Bblo.		\ \frac{\frac}\frac{\frac{\frac{\fir}{\fin}}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\firac{\frac}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac	
			3.30	
GAS WELL Actual Fred, Tool-MCF/D	Length of Test	Bbls. Condensote/MMCF	Gravity of Condensate	
Testing Muthed (pitot, back pr.)	Tubing Processes (Shuu-in)	Casing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	ATION COMMISSION .	
		MAR 2 9 1979		
A take and been complied	regulations of the Oil Connervation with and that the information given	ven la a Messett		
above is true and complete to th	best of my knowledge and belief.	SUPERVISOR, DISTRICT II		
/				
This form is to be filed in compliance with nut. r. 1104. If this is a request for allowable for a newly difficult or deeper if this is a request for allowable for a reduction of the device.			white the a newly didle I or deepented.	
(Signature) If this is a request for allowing to a model of the cavity well, this form much be accompenied by a tubulation of the cavity touts taken on the well in accordance with fitter. It.				
Christine Tomlinson-Go I. Sectly.				
	(de) 28–79	rble on now and tecompleted vi	e its and Mt for chronen of owner.	
(Date) Fill out only Sections I, 11, and vice them well name or number, or transporter, or other such them.			ten or other such change of condition.	

(Dute)