

NO. OF COPIES RECEIVED	2
DISTRIBUTION	
SALES	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Superseding Old C-104 and C-11
Effective 1-1-65

APR 2 1979

Operator Yates Petroleum Corporation	
Address 207 South 4th Street-Artesia, NM 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of Oil ☒
Recompletion ☐	Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐
	Condensate ☐

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name Ingram Jackson BV	Well No. 5	State, Federal or Fee Fee	
Pool Name, including Formation Eagle Creek S. A.			
Location Unit Letter A : 330 Feet From The North Line and 990 Feet From The East			
Line of Section 27 Township 17S Range 25E, NMPL, Eddy County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil ☒ or Condensate ☐		No. Freeman Ave-Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐		Address (Give address to which approved copy of this form is to be sent)	
Yates Petroleum Corporation		207 So. 4th Street-Artesia, NM 88210	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 26	Tw. 17S
		Pge. 25E	Is gas actually connected? Yes
			When 8-7-76

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
Perforations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

CERTIFICATE OF COMPLIANCE	OIL CONSERVATION COMMISSION
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.	APR 4 - 1979
Christine Tomlinson-Geol. Secty.	APPROVED
3-30-79	BY W. P. D. D. D. D.
	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 1101.
	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.