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NEW MEXICO OIL CONSERVATION COMMISSION  
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

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OCT 19 1976

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

If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Federal "BX"	1	Eagle Creek San Andres	NM 27911 State, Federal or Fee Fed.	
Location				
Unit Letter	G	: 1650 Feet From The North Line and 2310 Feet From The East		
Line of Section	27	Township 17S	Range 25E	NMPM, Eddy County

II. 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 So. 4th Street - Artesia, NM 88210					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range.	Is gas actually connected?	When
	G	27	17S	25E	Yes	10-14-76

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
9-23-76	10-14-76	1500'		1469'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
3525' GR	San Andres	1332'		1305'				
Perforations				Depth Casing Shoe				
1332-1440'				1469'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
15"	10-3/4"	260'		150				
9 1/2"	7"	1188'		1100				
6 3/4"	4 1/2 & 5 1/2"	1469'		150				
	2-3/8"	1305'						

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.)	
10-14-76	10-17-76	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	35#		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
52.4	39.1	13.3	24.7

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)  
10-18-76  
(Date)

OIL CONSERVATION COMMISSION

OCT 19 1976

APPROVED \_\_\_\_\_, 19\_\_\_\_  
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.

Ed. By #1 Well  
Ed. County, New Mexico

Edd BX #1 Well Eddy County, New Mexico		6. RRC District
<b>INCLINATION REPORT</b> (One Copy Must Be Filed With Each Completion Report.)		7. RRC Lease Number. (Oil completions only)
1. FIELD NAME (as per RRC Records or Wildcat)	2. LEASE NAME	8. Well Number
Eagle Creek S. A.	Federal "BX" No. 1	
3. OPERATOR	27-17S-25E-Eddy Co., NM	
Yates Petroleum Corporation		9. RRC Identification Number (Gas completions only)
4. ADDRESS		10. County
207 South 4th Street - Artesia		
5. LOCATION (Section, Block, and Survey)		

## RECORD OF INCLINATION

[illegible]

If additional space is needed, use the reverse side of this form.

17. Is any information shown on the reverse side of this form? ☐ yes ☒ no
18. Accumulative total displacement of well bore at total depth of 1340 feet = 38.21 feet.
- \*19. Inclination measurements were made in - ☐ Tubing ☐ Casing ☐ Open hole ☒ Drill Pipe
20. Distance from surface location of well to the nearest lease line \_\_\_\_\_ feet.
21. Minimum distance to lease line as prescribed by field rules \_\_\_\_\_ feet.
22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? No
- (If the answer to the above question is "yes", attach written explanation of the circumstances.)

<b>INCLINATION DATA CERTIFICATION</b> I declare under penalties prescribed in Article 6036c, R.C.S., that I am authorized to make this certification, that I have personal knowledge of the inclination data and facts placed on both sides of this form and that such data and facts are true, correct, and complete to the best of my knowledge. This certification covers all data as indicated by asterisks (*) by the item numbers on this form.	<b>OPERATOR CERTIFICATION</b> I declare under penalties prescribed in Article 6036c, R.C.S., that I am authorized to make this certification, that I have personal knowledge of all information presented in this report, and that all data presented on both sides of this form are true, correct, and complete to the best of my knowledge. This certification covers all data and information presented herein except inclination data as indicated by asterisks (*) by the item numbers on this form.
Signature of Authorized Representative <u><i>James W. Cymmins</i></u>	Signature of Authorized Representative _____
Name of Person and Title (type or print) <u>James W. Cymmins Sec-Treas.</u>	Name of Person and Title (type or print) _____
Name of Company <u>Byrd Drilling Co</u>	Operator _____
Telephone: <u>915</u> <u>682-5275</u> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Area Code</span> <span></span> </div>	Telephone: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Area Code</span> <span></span> </div>

Railroad Commission Use Only:

Approved By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

\* Designates items certified by company that conducted the inclination surveys.