	DISTRIBUTION SANTA PE / FILC / V U.S.G.S.		CONSERVATION COM FOR ALLOWABLE AND ANSPORT OIL AND		Elfactive 1-1-	d C-104 and C-11 65	
	LAND OFFICE IRANSPORTER OIL /	RECEIV	ED	-			
	OPERATOR /	- IAN 9 1 - 197	77				
	Operator	JAN 5 191	· ·				
	John A. Yates	0. C. C.					
		reet - Artesia, NM					
	Reason(s) for filing (Check proper box New Well Recompletion	Change in Transporter of Oil Dry Ga	THADED AFTER 5-5-11				
	Change in Ownership If change of ownership give name and address of previous owner	Casinghead Gas Conder	UNL	ESS AN EX BTAINED	CEPTION TO	ul 300	
71	DESCRIPTION OF WELL AND	TEASE					
***	Lesse Name Lois Mae State	2 Empire (Yates	ormation SS.R.)	Kind of Lease State, Federal	orFee State	Lease No. OG-647	
	Location Unit Letter K , 231	O Feet From The South Lin	ne and <u>2310</u>	Feet From Th	he West		
	07	waship 175 Range	28E , NMPI	M, Edd	V	County	
78.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	LS				
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address		ed copy of this form is		
	Navajo Crude Oll Nome of Authorized Transporter of Ca.	PurchasingCompany singhead Gas or Dry Gas	NO. FTEEMa Address (Give address	in AVE - A to which approve	Artesia, NM ed copy of this form is	88210 to be sent)	
-	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. K 27 175 28E	ls gas actually connec NO	ted? <mark>i</mark> When	1		
		th that from any other lease or pool,	give commingling orde	er number:			
v .	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same He	s'v. Diff. Res'v.	
	Designate Type of Completion	Date Compl. Ready to Prod.	X 1 Total Depth		P.B.T.D.		
	Date Spuddod 11-26-76	1-3-77	903'				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
-	3661' CR Perforations	Gan Andros SK	804 '		789 Depth Casing Shoe		
	Periorationa	804-815*			903'		
		TUBING, CASING, AND					
_	HOLE SIZE	CASING & TUBING SIZE 8-5/8" (Pulled)	<u>рертня</u> 591'	ET	SACKS CEN Mudded	VENT	
•••	8"	7"	903'		350		
- 1		2-3/8"	789'				
.			<u> </u>				
v.	TEST DATA AND REQUEST F		fter recovery of total vol opth or be for full 24 hour	·s)			
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flo		. e.c.) 0.515	1.8	
-	1-3-77 Length of Test	1-14-77 Tubing Pressure	Pumping Casing Pressure		Choke Size	ot	
	24	15#			- 64	K	
-	Actual Pred. During Test	Oil-Bhla.	Water-Bbls.		Gae-MCF	201	
	38	25	<u> </u>	l	11	31	
	GAS WELL				1	10	
•	Actual Fred. Test-MCF/D	Length of Test	Bbls. Condensate/MMC		Gravity of Condensate		
-	Teating kiathed (pitot, back pr.)	Tubing Prossure (Shuu-iu)	Casing Pressure (Shu	:-in)	Chok's Size		
	CERTIFICATE OF COMPLIAN		OIL CONSERVATION COMMISSION JAN 2 4 1977 APPROVED, 19 BYSUPERVISOR, DISTRICT, IL				
	Commission have been complied t	regulations of the Oil Conservation with and that the information given					
	above is true and complete to the	best of my knowledge and belief.					
- •	Christine -	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly diffed or deepened well, this form much be accompended by a tabulation of the deviation					
	Christine Tomlins		will, this taken on the well in accordance with NULE 111. All sections of this form must be filled out completely for silow- eble on new and is completed wells. Fift out only Sections I, U. III, and VI for changes of owner,				
	1-20-77	(le)					

1 –	20	-7	7		_
 				(Date)	

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Fill out only Sections I, U. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.