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

**RECEIVED**

MAY 6 1977

O. C. C.

Form C-104  
Supersedes Old C-101 and C-11  
Effective 1-1-65

1. Operator **Yates Petroleum Corporation**

Address **207 South 4th Street - Artesia, NM 88210**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)  
**CASINGHEAD GAS MUST NOT BE FLARED AFTER 7-1-77 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED**

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Federal "FR"</b>	Well No. <b>3</b>	Pool Name, Including Formation <b>Square Lake (GBG S.A.)</b>	Kind of Lease <b>NM 0559535</b>	Lease No. <b>Fed.</b>
Location Unit Letter <b>J</b> ; <b>1980</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>East</b> Line of Section <b>28</b> Township <b>16S</b> Range <b>30E</b> , NMPM, <b>Eddy</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Navajo Crude Oil Purchasing Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>No. Freeman Ave-Artesia, NM 88210</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit <b>I</b>	Sec. <b>28</b>	Twp. <b>16S</b>	Rge. <b>30E</b>	Is gas actually connected? <b>no</b>	When
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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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>3-30-77</b>	Date Compl. Ready to Prod. <b>4-20-77</b>		Total Depth <b>3150</b>		P.B.T.D. <b>3128 WL</b>			
Elevations (DE, RKB, RT, GR, etc.) <b>3763' GR</b>	Name of Producing Formation <b>San Andres Grayburg</b>		Top Oil/Gas Pay <b>2965'</b>		Tubing Depth <b>3009'</b>			
Perforations <b>2965-3082'</b>					Depth Casing Shoe <b>3150'</b>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12 1/4"</b>	<b>8-5/8"</b>	<b>476'</b>	<b>300</b>
<b>7-7/8"</b>	<b>5 1/2"</b>	<b>3150'</b>	<b>320</b>

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 <b>4-20-77</b>	Date of Test <b>5-1-77</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24</b>	Tubing Pressure	Casing Pressure	Choke Size <b>X</b>
Actual Prod. During Test <b>22</b>	Oil-Bbls. <b>14.0</b>	Water-Bbls. <b>8 BLW</b>	Gas-MCF <b>27.0</b>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size <b>5</b>

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)  
**5-5-77**  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED **MAY 6 1977**  
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.

Form W-12  
(1-1-71)

<b>O. C. C.</b> <b>INCLINATION REPORT</b> (One Copy Must Be Filled With Each Completion Report.)		7. RRC Lease Number. (Oil completions only)
1. FIELD NAME (See RRC Records or Wildcat) Square Lake (GBG. S. A.)	2. LEASE NAME FEDERAL F.R.	8. Well Number 3
3. OPERATOR YATES PETROLEUM CORPORATION		9. RRC Identification Number (Gas completions only)
4. ADDRESS 207 SOUTH FOURTH STREET ARTESIA, N. MEX. 88110		10. County Eddy
5. LOCATION (Section, Block, and Survey) 1980' FSL & 1980' FEL of Sec. 28-16S-30E		

## 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 3,150 feet = 40.45 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? \_\_\_\_\_  
(If the answer to the above question is "yes", attach written explanation of the circumstances.)

### INCLINATION DATA CERTIFICATION

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.

Robert A. Cullen  
Signature of Authorized Representative  
ROBERT A. CULLEN  
Name of Person and Title (type or print)  
BYRD DRILLING CO.  
Name of Company

Telephone: 915 381-0910  
Area Code

### OPERATOR CERTIFICATION

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 \_\_\_\_\_

Name of Person and Title (type or print) \_\_\_\_\_

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**Operator**

Telephone: \_\_\_\_\_  
Area Code \_\_\_\_\_

**Railroad Commission Use Only:**

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

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