| Service of the Street  | i   | ONE COMMETON COMMETON  |   |
|--|---|--|---|
| SANTA FE   | •   | FOR ALLOYABLE —  | Form C-104 Superscript Old C-104 and C-11 |
| FILE   | 1   | AND  | EllectiviREGEIVED                         |
| u.s.g.s.   | AUTHORIZATION TO TRA  | INSPORT OIL AND NATURAL O  | GAS .                                     |
| LAND OFFICE  |   | -  | JUN 2 1980                                |
| TRANSPORTER GAS 1  |   |  | ~ 1300                                    |
| OPERATOR   |   | ·  | Ø. C. D.                                  |
| PRORATION OFFICE   |   |  | AMESIA OFFICE                             |
| Obetatot   |   |  |   |
| Yates Petroleum Co   | orporation V  |  |   |
| 207 South 4th Str  | eet - Artesia. NM 88  | 210  |   |
| Reason(s) for liling (Check proper box   |   | Other (Please explain)   |   |
| New Well   | Change in Transporter of:   |  | •   |
| Recompletion   | OII Dry Ga  | , <u> </u>   |   |
| Change In Ownership  | Casinghead Gas Conden   | isate []   |   |
| change of ownership give name nd address of previous owner                                   |   |  |   |
| nu address of provides owner   |   |  | •   |
| DESCRIPTION OF WELL AND I  | Well No.   Pool Name, Including Fo                                      | ormation Kind of Lease   | Lease No.                                 |
| Jackson Estate BY  |   | ek Atoka Morrows. Fodero   | 1   |
| Location   | 00 0 1111   |  | rh- West                                  |
| Unit Letter L : 19   | 80 Feet From The SouthLin   | e and 990 Feet From 1  | he WCSC                                   |
| Line of Section 22 Tow   | mahip 17S Range   | 25E , NMPM, Ed   | dy County                                 |
|  | •   | -  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |
| DESIGNATION OF TRANSPORT   | or Condensate XX  | Address (Give address to which approv  | ved copy of this form is to be sent?      |
| Name of Authorized Transporter of Oil or Condensate (X)  Navajo Crude Oil Purchasing Company |   |  |   |
|  |   | No. Freeman Ave-Artesia, NM 88210 Address (Give address to which approved copy of this form is to be sent) |   |
| Transwestern Pipe  |   | P. O. Box 2521-Hous  |   |
|  | Unit Sec. Twp. P.ge.  | •  | n Approx 6-71-89                          |
| If well produces oil or liquids, give location of tanks.                                     | L 22 17S 25E  | Yes  | 9-29-80                                   |
|  | h that from any other lease or pool,                                    | give commingling order number:   |   |
| COMPLETION DATA  | Oll Well Gas Well   | New Well Workover Deepen   | Plug Back   Same fies'v. Diil. Res'v.     |
| Designate Type of Completion   | on – (X)  | x  |   |
| Date Spudded   | Date Compl. Ready to Prod.  | Total Depth  | P.B.T.D.                                  |
| 2-9-80   | 5-27-80   | 8295'  | WL 8150'                                  |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation   | Top 0:1/Gas Pay 7824   | Tubing Depth                              |
| 3543' GR   | Morrow & Atoka  | _8047 Morrow 7824 At   |   |
| Perforations   |   |  | Depth Casing Shoe                         |
|  | 8047-8073½(Morrow) 7  |  | 8287'                                     |
|  | · · · · · · · · · · · · · · · · · · ·                                   | CEMENTING RECORD   |   |
| HOLE SIZE  | CASING & TUBING SIZE  | DEPTH SET  | SACKS CEMENT                              |
| 17½"   | 13-3/8"   | 320'   | 380                                       |
| 124"   | 85-/8"  | 1168'  | 880                                       |
| .7-7/8"  | 5½"<br>2-7/8"   | 8287'<br>7788'   | <del></del>                               |
| TEST DATA AND REQUEST FO   | <u> </u>  |  | and must be equal to or excess top allow  |
| OIL WELL   |   | pth or be for full 24 hours)   |   |
| Date First New Oil Run To Tanks  | Date of Test  | Preducing Mothed (Flow, pump, sas li)  | (t, etc.)                                 |
|  |   |  | Choke Size                                |
| Length of Test   | Tubing Pressure   | Casing Pressure  | Choke Size                                |
| Actual Prod. During Toot   | Oll-Bbis.   | Water-Bbls.  | Gas-MCF                                   |
| Votage blogs partial tops  |   |  |   |
|  | <u> </u>  | 1  |   |
| GAS WELL   |   |  |   |
| Actual Prod. Test-MCF/D  | Length of Test  | Bbls. Condensote/MMCF  | Gravity of Condensate .                   |
| 1038   | 24  |  | Chalage                                   |
| Testing Mothod (pitol, back pr.)   | Tubing Pressure (Shuk-14)   | Casing Pressure (Shut-in)  | Choke Size 1/2"                           |
| Back Pressure  | 1800  | Pkr  |   |
| CERTIFICATE OF COMPLIAN  | CE  | 11   | ATION COMMISSION                          |
|  |   | APPROVED OCT 6   | 1980                                      |
| Commission have been compiled v  | regulations of the Oil Connervation with and that the information given | 1,500  | 1 mar El                                  |
| bove is true and complete to the   | best of my knowledge and belief.  | DY. C.C.   |   |

If this is a request for allowable for a newly delled or despensed well, this form must be accompenied by a tabulation of the deviation taste taken on the wall in accordance with BULE 111. All sections of this ferm must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I. H. III, and VI for charges of awner, well name or number, or transporter, or other such change of condition.

This form is to be filed in compliance with RULE 1104.

(Signature)

(Title) 6-2-80

Christine Tomlinson-Geol

(Date)

TITLE SUPERVISOR, DISTRICT II