

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501 JAN 05 1981

NO. OF APPLICANTS	
DISTRIBUTION	
NEARBY	
LOCAL	
STATE	
NAT. OFFICE	
TRANSPORTER	
OIL	
GAS	
LOCATION	
LOCATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.
ARTESIA OFFICE

Yates Petroleum Corporation ✓

207 South 4th St., Artesia, NM 88210

Reasons for filing (Check proper box)

well	<input checked="" type="checkbox"/>	Change in Transporter of:	
completion	<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)

Name of ownership give name
Address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Gissler AV	22	Eagle Creek SA	State, Federal or Fee Fee	

Section	Well Letter	Feet From The	Line and	Feet From The	East
23	G	2310	North	2310	
of Section	Township	Range	NMPM	Eddy	Count
23	17S	25E			

SIGNATURE 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 Co.	North Freeman, 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 South 4th St., Artesia, NM 88210					
Unit produces oil or liquids, Location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
C	23	17S	25E		Yes	12-17-80

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
X	X		X					
Completed	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
11-22-80	12-17-80	1500'	1498'					
Sections (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3496' GR	San Andres	1302'	1320'					
Locations	Depth Casing Shoe							
1305-1424 & 1302-1426'	1180'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	10-3/4"	323'	250
9-1/2"	7"	1180'	1350
6-1/4"	4-1/2"	1500'	175
	2-3/8"	1320'	

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed total allowable for this depth or be for full 24 hours)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12-17-80	12-20-80	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	20#	20#	--
Total Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
45	39	6	35

AS WELL

Total Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

OIL CONSERVATION DIVISION

APPROVED	JAN 07 1981	19
BY	W. A. Gressett	
TITLE	SUPERVISOR, DISTRICT II	

This form is to be filled 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 deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

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

Separate Forms C-104 must be filled for each pool in multi-completed wells.

Engineering Secretary

12-29-80

(Date)