

|                        |   |
|------------------------|---|
| NO. OF COPIES RECEIVED |   |
| DISTRIBUTION           |   |
| SANTA FE               | 1 |
| FILE                   | 1 |
| V.I.U.S.               |   |
| LAND OFFICE            |   |
| TRANSPORTER            | 1 |
| OPERATOR               | 1 |
| PRODUCTION OFFICE      | 1 |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

JAN 15 1981

O. C. D.

ARTESIA, OFFICE

Operator  
Yates Petroleum Corporation

Address

207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

|   |                |  |  |     |           |
|---|----------------|--|--|-----|-----------|
| Lease Name<br>J Lazy J  | Well No.<br>14 | Pool Name, Including Formation<br>Eagle Creek SA | Kind of Lease<br>State, Federal or Fee | Fee | Lease No. |
| Location  |                |  |  |     |           |
| Unit Letter <u>I</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> |                |  |  |     |           |
| Line of Section <u>22</u> Township <u>17S</u> Range <u>25E</u> , NMPM, <u>Eddy</u> County                   |                |  |  |     |           |

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |            |             |             |                                   |                |
|---|--|------------|-------------|-------------|-----------------------------------|----------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Navajo Crude Oil Purchasing Co.     | Address (Give address to which approved copy of this form is to be sent)<br>North Freeman, Artesia, NM 88210 |            |             |             |                                   |                |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Yates Petroleum Corporation | Address (Give address to which approved copy of this form is to be sent)<br>207 South 4th, Artesia, NM 88210 |            |             |             |                                   |                |
| If well produces oil or liquids,<br>give location of tanks.   | Unit<br>H  | Sec.<br>22 | Twp.<br>17S | Rge.<br>25E | Is gas actually connected?<br>Yes | When<br>1-2-81 |

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

## COMPLETION DATA

|   |   |          |                          |          |                            |           |             |              |
|---|---|----------|--------------------------|----------|----------------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X)            | Oil Well<br>X                             | Gas Well | New Well<br>X            | Workover | Deepen                     | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded<br>12-3-80                       | Date Compl. Ready to Prod.<br>12-29-80    |          | Total Depth<br>1500'     |          | P.B.T.D.<br>1497'          |           |             |              |
| Locations (DF, RAB, RT, GR, etc.)<br>3516' GR | Name of Producing Formation<br>San Andres |          | Top Oil/Gas Pay<br>1325' |          | Tubing Depth<br>1300'      |           |             |              |
| Perforations<br>1325-1435'                    |   |          |                          |          | Depth Casing Shoe<br>1180' |           |             |              |

## TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| 15"       | 10-3/4"              | 380'      | 250          |
| 9-1/2"    | 7"                   | 1180'     | 1550         |
| 6-1/4"    | 4-1/2"               | 1500'     | 175          |
|           | 2-3/8"               | 1300'     |              |

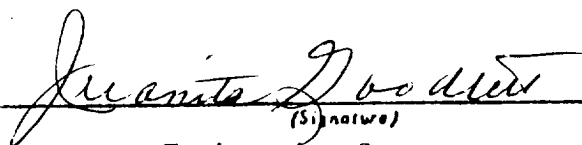
TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top of  
able for this depth or be for full 24 hours)

|   |                        |  |                  |
|---|------------------------|--|------------------|
| Date First New Oil Run To Tanks<br>12-29-80 | Date of Test<br>1-2-81 | Producing Method (Flow, pump, gas lift, etc.)<br>Pumping |                  |
| Length of Test<br>24 Hours                  | Tubing Pressure<br>25# | Casing Pressure<br>25#                                   | Choke Size<br>-- |
| Actual Prod. During Test<br>56              | Oil-Bbls.<br>45        | Water-Bbls.<br>11  | Gas-MCF<br>42    |

## GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual 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  
above is true and complete to the best of my knowledge and belief.  
(Signature)

Engineering Secretary

(Title)

January 14, 1981

(Date)

## OIL CONSERVATION DIVISION

JAN 16 1981

APPROVED

BY

SUPERVISOR, DISTRICT II

TITLE

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

If this is a request for allowable for a newly drilled or deep  
well, this form must be accompanied by a tabulation of the  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of  
well name or number, or transporter, or other such change of conditSeparate Forms C-104 must be filed for each pool in multi  
completed wells.