

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	
FILE	
U. S. B.	
LAND OFFICE	
TRANSPORTER	
OPERATION	
PRODUCTION OFFICE	
COPY TO	

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	☐
Change in Ownership	☐	Condensate	☐

Other (Please explain)

If change of ownership give name
and address of previous owner.

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
McCaw BT	7	Eagle Creek SA	State, Federal or Fee	Fee

Location Unit Letter H : 1650 Feet From The North Line and 330 Feet From The East

Line of Section 14 Township 17S Range 25E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Co.	P.O. Box 159, Artesia, NM 88210

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Yates Petroleum Corporation	207 South 4th, Artesia, NM 88210

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	14	17s	25e		Yes	10-24-83

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

Designate Type of Completion - (X)	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Resv.	Drill New
	☒		☒					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10-7-83	10-24-83	1610'	1609'					
Elevations (DT, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3482' GR	San Andres	1282'	1263'					
Perforations			Depth Casing Shoe					
1282-1476'			1605'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	10-3/4"	345'	225
9-7/8"	7"	1144'	825
6-1/4"	4-1/2"	1605'	
	2-3/8"	1263'	

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

Date First Flow Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10-21-83	10-24-83	Pumping	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
24 hrs	25#	25#	2"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
50	35	15	34

Post FD-2
11-11-83
Camp * BH

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

Production Supervisor

11-2-83

(Date)

OIL CONSERVATION DIVISION

NOV 08 1983

APPROVED _____, 10

BY M. H. Williams
TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 1-104.

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 logs 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.

Separate Forms C-104 must be filed for each pool in multiple completed wells.