

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
NATURAL GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

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)

RECEIVED

If change of ownership give name  
and address of previous owner

NOV 12 1982

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	O. C. D.	Kind of Lease	Lease No.
Jackson AT	14	Eagle Creek SA	ARTESIA, OFFICE	State, Federal or Fee	Fee
Location					
Unit Letter	N	: 330	Feet From The	South	Line and
		1650	Feet From The	West	
Line of Section	14	T. or Township	17S	Range	25E
		, NMPM,		Eddy	County

## DESIGNATION 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.	Box 159, 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 S. 4th St., Artesia, NM 88210	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	N	14
	17S	25E
	Yes	11-1-82

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10-21-82	11-5-82	1500'	1489'					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3495' GR	San Andres	1249'	1230'					
Perforations	1249-1412'					Depth Casing Shoe		
					1490'			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	20"	35'	
14-3/4"	10-3/4"	341'	225
9-7/8"	7"	1197'	550
6-1/4"	4-1/2"	1490'	200
	2-3/8"	1230'	

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)

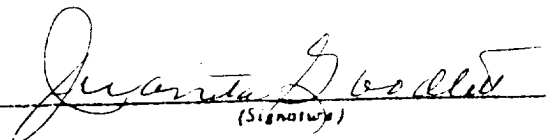
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11-1-82	11-5-82	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	25#	25#	2"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
43	28	15	22

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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.



Engineering Secretary

(Title)

11-9-82

(Date)

## OIL CONSERVATION DIVISION

NOV 16 1982

APPROVED \_\_\_\_\_, 19\_\_

Original Signed By  
Leslie A. Clements  
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 deepened well, this form must be accompanied by a tabulation of the deviated 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.

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