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ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Yates Petroleum Corporation ✓

Address 207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change In Transporter of:
 Recompletion Oil Dry Gas
 Change In Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Jackson Estate BY	Well No. 16	Pool Name, Including Formation Eagle Creek SA	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>E</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</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"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Yates Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 207 So. 4th, Artesia, NM 88210
If well produces oil or liquids, give location of tanks. Unit <u>K</u> Sec. <u>22</u> Twp. <u>17s</u> Rge. <u>25e</u>	Is gas actually connected? <u>Yes</u> When <u>12-21-82</u>

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 12-2-82	Date Compl. Ready to Prod. 12-25-82	Total Depth 1500'	P.B.T.D. 1484'					
Elevations (DF, RKB, RT, GR, etc.) 3541' GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 1239'	Tubing Depth 1210'					
Perforations 1239-1481'			Depth Casing Shoe 1485'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	20"	35'	
14-3/4"	10-3/4"	359'	225
9-7/8"	7"	1140'	200
6-1/4"	4-1/2"	1485'	200
	2-3/8"	1210'	

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 12-21-82	Date of Test 12-25-82	Producing Method (Flow, pump, gas lift, etc.) Pumping
Length of Test 24 hrs	Tubing Pressure 22#	Casing Pressure 22#
Actual Prod. During Test 57	Oil-Bbls. 43	Water-Bbls. 14
		Gas-MCF 41

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.

John A. Clements
(Signature)

Production Supervisor
(Title)

1-4-83
(Date)

OIL CONSERVATION DIVISION

JAN 07 1983

APPROVED _____, 19____
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 deviation 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 completed wells.