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Operator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

JAN 05 1983

O. C. D.

ARTESIA, OFFICE

Yates Petroleum Corporation ✓

Address

207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change In Transporter of:	
Recompletion	<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)

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 No.
Jackson Estate BY	16	Eagle Creek SA	State, Federal or Fee Fee	

Location

Unit Letter	E	2310	Feet From The	North	Line and	330	Feet From The	West
Line of Section	22	T. 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 So. 4th, Artesia, NM 88210
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. K 22 17s 25e
Is gas actually connected?	When Yes 12-21-82

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'v.	Diff. Res'v.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
12-2-82	12-25-82	1500'	1484'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3541' GR	San Andres	1239'	1210'					
Perforations			Depth Casing Shoe					
1239-1481'			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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12-21-82	12-25-82	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	22#	22#	Open
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
57	43	14	41

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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.

Production Supervisor

(Title)

1-4-83

(Date)

OIL CONSERVATION DIVISION

JAN 07 1983

APPROVED _____, 19____

BY _____
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 deviation
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able 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.