

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 DESIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
USE	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATION	
PRODUCTION OFFICE	
Operator	

Yates Petroleum Corporation

RECEIVED

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

MAR 24 1983

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)

O. C. D.  
ARTESIA, OFFICE

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Ingram Jackson BV	Well No. 11	Pool Name, including Formation Eagle Creek SA	Kind of Lease State, Federal or Fee	Fee	Lease No.
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Location  
Unit Letter A : 990 Feet From The North Line and 990 Feet From The East

Line of Section 27 Township 17S Range 25E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Navajo Crude Oil Purchasing Co. Box 159, Artesia, NM 88210

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Yates Petroleum Corporation 207 So. 4th, Artesia, NM 88210

If well produces oil or liquids, give location of tanks.	Unit D	Sec. 26	Twp. 17s	Rge. 25e	Is gas actually connected? Yes	When 3-31-83
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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'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 3-4-83	Date Compl. Ready to Prod. 3-21-83	Total Depth 1510'	P.B.T.D. 1490'					
Elevations (DF, RKB, RT, CR, etc.) 3515' GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 1229'	Tubing Depth 1202'					
Perforations 1229-1401'			Depth Casing Shoe 1492'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	20"	35'	
14-3/4"	10-3/4"	347'	225
9-7/8"	7"	1157'	450
6-1/4"	4-1/2"	1492'	200
	2-3/8"	1202'	

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 3-19-83	Date of Test 3-21-83	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 25#	Casing Pressure 25#	Choke Size Open
Actual Prod. During Test 63	Oil-Bbls. 49	Water-Bbls. 14	Gas-MCF 39

Post ID-2  
4-1-83  
Camp + BK

GAS WELL

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

*Juanita D. Odell*  
(Signature)

Production Supervisor

(Title)

3-23-83

(Date)

OIL CONSERVATION DIVISION

MAR 29 1983

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

Original Signed By

BY Leslie A. Clements

TITLE Supervisor District II

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 multiply completed wells.