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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY

OCT 27 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	☒	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		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	Fee
Achen Frey DM	11	Eagle Creek SA	State, Federal or Fee	

Location	Unit Letter	I	2310	Feet From The	South	Line and	330	Feet From The	East
Line of Section	14	Township	17S	Range	25E	N.M.P.M.	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 So. 4th St., Artesia, NM 88210

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually collected?	When
	I	14	17s	25e	Yes	10-21-83

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

Designate Type of Completion - (X)	X	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'n.	Diff. Res'n.
Date Spudded	10-3-83	Date Compl. Ready to Prod.	10-21-83	Total Depth	1620'	P.B.T.D.	1616'		
Elevations (DF, RKB, RT, GR, etc.)	3469' GR	Name of Producing Formation	San Andres	Top Oil/Gas Pay	1266'	Tubing Depth	1250'		
Perforations	1266-1447'					Depth Casing Shoe	1620'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	20"	40'	
14-3/4"	10-3/4"	347'	225
9-7/8"	7"	1146'	1250
6-1/4"	4-1/2"	1620'	225
	2-3/8"	1250'	

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 oil able for this depth or be for full 24 hours)

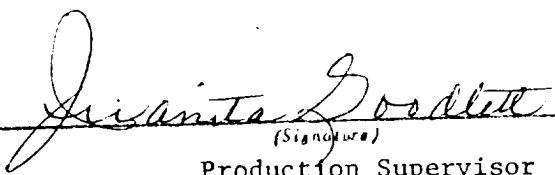
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
10-18-83	10-21-83	Pumping
Length of Test	Tubing Pressure	Casing Pressure
24 hrs	25#	25#
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
30	11	19
		Gas-MCF
		10

Post ID 2
10-4-83
Lang & BK

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

10-26-83

(Date)

OIL CONSERVATION DIVISION
NOV 01 1983

APPROVED _____, 19

BY _____
Supervisor District II

TITLE _____

This form is to be filed in compliance with Rule 11.1. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviating tests taken on the well in accordance with RULE 11.1.

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