NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-116
Effective 1-1-65

ILLEGIBLE

RECEIVED BY
AUG 30 1983
O. C. D.
ARTESIA, OFFICE

Operator: Yates Petroleum Corporation

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

Reason(s) for filing (Check proper box): New Well [X]; Recompletion [ ]; Change in Ownership [ ]; Change in Transporter of: Oil [ ]; Dry Gas [ ]; Casinghead Gas [ ]; Condensate [ ]; Other (Please explain):

If change of ownership give name and address of previous owner:

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Federal CB	4	Eagle Creek SA	State, Federal or Fee: Federal	NM-0439900

Location: Unit Letter O; 330 Feet From The South Line and 1650 Feet From The East

Line of Section 15; Township 17S; Range 25E; NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: 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 [X] or Dry Gas [ ]: Yates Petroleum Corporation
Address (Give address to which approved copy of this form is to be sent): 207 S. 4th St., Artesia, NM 88210

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	15	17s	25e	Yes	8-26-83

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.	Diff. Res.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8-8-83	8-28-83	1500'	1455'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3517' GR	San Andres	1327'	1310'

Perforations	Depth Casing Shoe
1327-1447	1500'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	20"	30'	
14-3/4"	10-3/4"	344'	225
9-1/2"	7"	817'	450
6-1/4"	4-1/2"	1500'	225
	2-3/8"	1310'	

TEST DATA AND REQUEST FOR ALLOWABLE (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.)
8-26-83	8-28-83	Pumping

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	20#	20#	2"

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	GAS-MCF
43	15	28	15

Post ID-2 9-2-83 Comp + BK

GAS WELL

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

Testing Method (pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Juanita Goodlett
Production Supervisor
8-29-83

OIL CONSERVATION COMMISSION

APPROVED AUG 31 1983, 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, it must be filed 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.