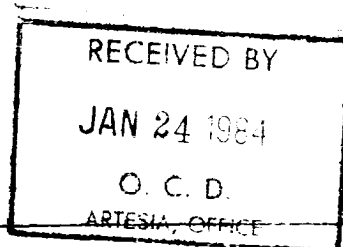


OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

DEPARTMENT	
DIVISION	
SANTA FE	
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	
OPERATION	
INFORMATION OFFICE	
CHARTER	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Yates Petroleum Corporation ✓

Address
207 So. 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)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 2-26-84
UNLESS AN EXCEPTION FROM
THE B. L. M. IS OBTAINED

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Federal EF	Well No. 3	Pool Name, including Formation Eagle Creek SA	Kind of Lease State, Federal or Fed Federal	Lease No. NM 15664
Direction Unit Letter <u>A</u>	<u>330</u>	Feet From The <u>North</u> Line and	<u>990</u>	Feet From The <u>East</u>
Line of Section <u>31</u>	Township <u>17S</u>	Range <u>25E</u>	N.M.P.M. <u>Eddy</u>	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ 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 ☒ or Dry Gas ☐ Yates Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 207 S. 4th, Artesia, NM 88210
If well produces oil or liquids, give location of tanks.	Unit <u>A</u> Sec. <u>31</u> Twp. <u>17S</u> Rge. <u>25E</u>
Is gas actually connected?	When <u>No</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 ☒	Gas well ☐	New Well ☒	Workover ☐	Deepen ☐	Plug Back ☐	Same as last, Oil, Gas
Date Completed 10-31-83	Date Compl. ready to flow 1-18-84	Total Depth 1405'	P.B.T.D. 1400'				
Elevations (D.F., R.H., RT, GR, etc.) 3617' GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 1087'	Tubing Depth 1079'				
Perforations 1087-1369'			Depth Casing Shoe 1400'				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-1/2"	10-3/4"	331'	250
9-7/8"	7"	1075'	525
6-1/4"	4-1/2"	1400'	175
	2-3/8"	1079'	

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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 12-14-83	Date of Test 1-18-84	Producing Method (Flow, pump, gas lift, etc.) Pumping
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -
Actual Prod. During Test 2	Oil-Bbls. 1	Water-Bbls. 1
		Gas-MCF 1
		Choke Size 1 1/2"

GAS WELL

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

Antonia D. de Witt
(Signature)

Production Supervisor

(Title)

1-20-84

(Date)

OIL CONSERVATION DIVISION
JAN 26 1984

APPROVED _____, 19

Original Signed By
BY Leslie A. Clements
Supervisor District II

TITLE _____

This form is to be filed in compliance with RULE 111.

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