

DISTRIBUTION		
SA	TA FE	1
FILE		1
G.S.		
L ID OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		1
PROBATION OFFICE		

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-110
Effective 1-1-80

AUG 14 1980

O. C. D.
ARTESIA, OFFICE

Operator Yates Petroleum Corporation

Address 207 S. 4th, Artesia, NM 88210

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Dry Gas	<input type="checkbox"/>
		Casinghead Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner JFG Enterprises, Box 100, Artesia, NM 88210

DESCRIPTION OF WELL AND LEASE		Lease No.	
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
<u>Platt</u>	<u>4</u>	<u>Dayton-Abo</u>	State, Federal or Fee
Location		Fee	
Unit Letter	<u>M</u>	Feet From The	<u>South</u> Line and <u>485</u> Feet From The <u>West</u>
Line of Section	<u>26</u>	Township	<u>18S</u>
		Range	<u>26E</u>
		NMPM,	<u>Eddy</u>
			County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	<u>North Freeman, Artesia, NM 88210</u>	
<u>Navajo Crude Oil Purchasing Co.</u>		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/> or Dry Gas <input type="checkbox"/>		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	<u>L</u>	<u>26</u>	<u>18S</u>
			<u>26E</u>

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

COMPLETION DATA		Oil Well		Gas Well		New Well		Workover		Deepen		Plug Back		Same Restv.		Diff. Restv.	
Designate Type of Completion - (X)																	
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.											
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth											
Perforations						Depth Casing Shoe											

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test - MCF/D	Length of Test				
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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

James D. Doan
(Signature)
Production Clerk
(Title)
August 13, 1980
(Date)

OIL CONSERVATION COMMISSION
AUG 14 1980

APPROVED _____, 19____

BY W. A. Gussert

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.