NO, OF COPIES RECEIVED 5			
DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMUSION	Poins C - 104
5ANTA FR	REQUEST	FOR ALLOWABLE	Superveder Old C-104 and C-1
1 II.E / /	-	AND	Ellocitvo 1-1-65
11.5.6.5.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS
LAND OFFICE		• •	RECEIVED
GA5 /		. ·	
PHORATION OFFICE			AUG 2 3 1978
Yates Pet	coleum Corporation $ u$		0. C. C.
Address		00010	ARTESIA, DEFIDE
Reason(s) for filing (Check proper box	n Street, Artesia, NM	0ther (Please explain)	······
New Well	Change in Transporter of		· ,
Recompletion	Oll Dry Ga		
Change in Ownership	Casinghead Gas Conder		· · ·
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND	LEASE	fination Kind of Lea	
Lease Name Cleveland	Well No. Pool Name, Increding F Next Carry	Andres) King of Leas	al or Fee Fee Leane No.
Location			II
Unit Letter B : 33	0 Feel From The North Lin	e and Feet From	The East
Line of Section 33 Ton	mahip 18s Range	26е , ммрм,	Eddy County
Line of Section 10			Lady costi
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S	
Name of Authorized Transporter of Oil Navajo Crude Oil I		Address (Give address to which appro	······
Name of Authorized Transporter of Ca		No. Freeman Ave. A Address (Give address to which appro	rtesia, NM 88210 oved copy of this form is to be sent)
Yates Petroleúm Co			Artesia, NM 88210
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	
give location of tanks.	B 33 18s 26e	Yes	7/9/78
If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	
Designate Type of Completic	Oli Well Gcs Well	New Well Workover Deepen	Plug Back Same Restv. Dill. Restv.
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Dete Spudded 12/22/62	7/9/78	5203	2040'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
GL 3362	San Andres	1438'	1608'
Perforations Depth Casing Shoe 1438-1462			
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	9 5/8", 32#	1100'	Cmt to surface
	7", 17#	3110'	Cmt w/500 sx
······································	4 ¹ ₂ , Liner	3050-5203	Cmt_w/100_sx
	DP ALLOWARTE (Test must be al	l	I and must be equal to or exceed top allow
TEST DATA AND REQUEST FOR WELL	able for shis de	pth or be for full 24 hours)	
Date First New Oil Run To Tanks 8/1/78	Date of Test	Preducing Method (Flow, pump, gas b	ift, etc.)
	8/12/78 Tubing Pressure	Pumping ···	Choke Size
Length of Test 24 hours	20 psi	20 psi	
Actual Prod. During Teat	011-Bbla.	Weter-Bbls.	Gas-MCF N ted of
	6	11	Gas-MCF 7 Parte be of 7 Parte be of p-2 - 18 Gravity of Condenacto 8 - ypC
		•	p-2 -15-18
GAS WELL Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate MMCF	Gravity of Condenacte 8 7 4PC
Tealing histhod (pitot, back pr.)	Tubing Processo (Shuu-lu)	Cosing Pressure (Shut-in)	Choke Size
		OUL CONSERVA	
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oli Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED AUG 2 4 1978, 19	
		DY_ W. a. Aresset	
		TITLE SUPERVISOR, DISTRICT II	
\mathcal{O}			
XIIIMap		This form is to be filed in compliance with RULE 1104. If this is a request for showship for a nowly defined or deepened	
() (Signature)		well, this form must be accompanied by a tabulation of the deviation taken on the well in accordance with AULE 111.	
Production Superintendent		All sections of this forn must be filled out completely for allow-	
$\begin{array}{c} (Title) \\ \text{AUGUST 22, 1978} \end{array}$		eble on now and recompleted walls. Fill out only Sections 1, 11, 111, and VI for changes of owner,	
(Date)		Fill out only Sections I, D, III, and VI for reasons of owner, well name or number, or transporter, or other such thange of condition.	
(Vate)			