5A TAFE / FI E / .G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURA				Form C +104 Supersedes Old C+104 and C+11 Effective 1+1+65	
L ID OFFICE		•			1	
THANSPORTER GAS 1			RECEIVE	ED	•	
OPERATOR / PROMATION OFFICE Operator			OCT 3 1977	, ,		
Yates Petr	oleum Corp	oration 🗸	0. c. c.			
Address 207 S. 4th	Street, A	rtesia. Ne	ARTESA, OFFICE			
Reason(s) for filing (Check proper) New Woll	60x)	Transporter of:		lease explain)		
Recompletion Change in Ownership	Oil Casinghead	Dr)	/ Gas			
If change of ownership give name and address of previous owner	Depco, I	nc 800	Central, Ode	ssa, Texas 7	9761	
LESCRIPTION OF WELL AN	D LEASE					
State 647-AC 7	13 124	Pool Name, Includin Artesia	, QG - SA	Kind of Lease State, Federal or Fe	State 647	
	660 Feet From	The East	Line and 198(
14	Fownship 18s		290) Feet From The	South	
DESIGNATION OF TRANSPO	RTER OF OIL A	ND NATURAL	GAS		County	
Navajo Refining Co	DPipeline	e Division	North Fr	eeman, Artesi	of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Phillips Petroleum			Address (Give address to which approved copy of this form is to be sent) Odessa, Texas			
If well produces oil or liquids, give location of tanks.	Unit H Sec./	18s 28	Is gas actually conn			
If this production is commingled y COMPLETION DATA	vith that from any o	<u>i</u> i	1	der number:]	
Designate Type of Complet	ion $-(X)$	Well Gas Well	New Well Workove	er Deepen Plug E	ack Same Res'v. Diff. Res'v.	
Date Spudded	Date Compl. Read	dy to Prod.	Tetal Depth	P.B.T	.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Otl/Gas Pay	Tubing	I Depth	
Perforations		-		Depth	Casing Shoe	
	TUB	ING, CASING, AN	D CEMENTING RECO			
HOLE SIZE		TUBING SIZE	- DEPTH		SACKS CEMENT	
TEST DATA AND REQUEST F	OR ALLOWABL	E (Test must be able for this d	after recovery of total vo lepth or be for full 24 hou	lume of load oil and must	be equal to or exceed top allow-	
Date First New Oil Run To Tanks	Date of Test			ow, pump, gas lift, etc.)		
Length of Teat	Tubing Pressure		Casing Pressure Choke St		Size D. U.S.	
Actual Prod. During Test	011-Bbls,		Water - Bbis. Gas - j		CF CF	
0.40 WOLT						
GAS WELL Actual Prod. Toot-MCF/D	Longth of Tost		Bbla. Condensate/MMC	CF Gravity	of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (1	Shut-in)	Casing Pressure (Shu			
CERTIFICATE OF COMPLIAN			1			
hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.			OIL CONSERVATION COMMISSION OCT 1 2 1977			
			BY			
			TITLE SUPERVISOR, DISTRICT II			
mmnas.			This form is to be filed in compliance with RULE 1104,			
(Signature) Production Superintendent			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 issue taken on the well in accordance with nut south the			
(Title)			All sections of this form must be filled out completely for allow- able on new and recompleted wells.			
(Date) September 29, 1977			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.			
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