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|------------------|-----|---|
| FILE | 1 | ✓ |
| G.S. | | |
| LOCAL OFFICE | | |
| TRANSPORTER | OIL | 1 |
| | GAS | 1 |
| OPERATOR | | 1 |
| PRORATION OFFICE | | |

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

Supersedes Old C-104 and C-110
Effective 1-1-65

OCT 8 1977

| | | |
|---|--|------------------------|
| Operator Yates Petroleum Corporation | | D.C.C. |
| Address 207 S. 4th Street, Artesia, New Mexico 88210 | | ARTESIA, OFFICE |
| Reason(s) for filing (Check proper box) | | |
| New Well <input type="checkbox"/> | Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | Other (Please explain) |
| Recompletion <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |
| Change in Ownership <input checked="" type="checkbox"/> | | |
| If change of ownership give name and address of previous owner Depco, Inc. - 800 Central, Odessa, Texas 79761 | | |

| | | | | |
|--|------------------------|---|---|-------------------------|
| DESCRIPTION OF WELL AND LEASE | | | | |
| Lease Name State 647- AC 713 | Well No. 120 | Pool Name, including Formation Artesia QG- SA | Kind of Lease State, Federal or Fee State | Lease No. 647 |
| Location Unit Letter I ; 1980 Feet From The South Line and 660 Feet From The East Line of Section 15 Township 18s Range 28e , NMPM, Eddy County | | | | |

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|--|---------------|---|-----------------|---|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co.-Pipeline Division | | Address (Give address to which approved copy of this form is to be sent) North Freeman, Artesia | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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. 15 | Twp. 18s | Rge. 28e |
| | | | | Is gas actually connected? No When |

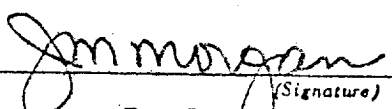
| | | | | | | | | | |
|---|--|-----------------------------|----------|-----------------|-------------------|--------|--------------|-------------|--------------|
| If this production is commingled with that from any other lease or pool, give commingling order number: | | | | | | | | | |
| COMPLETION DATA | | | | | | | | | |
| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| 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 | | |
| | | | | | | | | | |
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|---|-----------------|---|--|---|--|
| TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL | | | | (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 | | | |
| 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

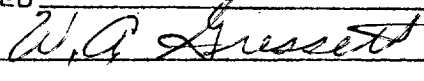
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Production Superintendent
(Title)
September 29, 1977
(Date)

OIL CONSERVATION COMMISSION

OCT 12 1977

APPROVED _____, 19____

BY 
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, 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.