

SP I A F E		REQUEST FOR ALLOWABLE		Form C-104	
FI E		AND		Supersedes Old C-104 and C-110	
G.S.		OIL AND NATURAL GAS		Effective 1-1-65	
ID OFFICE		RECEIVED			
TRANSPORTER		OCT 3 1977			
OIL					
GAS					
OPERATOR					
PRORATION OFFICE					
Operator					
Yates Petroleum Corporation					
Address					
207 S. 4th Street, Artesia, New Mexico 88210					
Reason(s) for filing (Check proper box)					
New Well		Change in Transporter of:		Other (Please explain)	
Recompletion		Oil		Temp. Abandoned	
Change in Ownership		Casinghead Gas			
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		Well No.		Lease No.	
State E-1286		126		1286	
Location		Pool Name, including Formation		Kind of Lease	
Unit Letter D		Artesia OG		State, Federal or Fee State	
660 Feet From The North		660 Feet From The West			
Line of Section 15		Township 18s		Range 28e	
				NMPM, Eddy County	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil		or Condensate		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas		or Dry Gas		Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.		Unit		Sec.	
		Twp.		Rge.	
		Is gas actually connected?		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	
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay	
Perforations				Tubing Depth	
				Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
				SACKS CEMENT	
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL					
Date First New Oil Run To Tanks		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
Length of Test		Tubing Pressure		Casing Pressure	
Actual Prod. During Test		Oil-Bbls.		Water-Bbls.	
				Choke Size	
				Gas-MCF	
GAS WELL					
Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MMCF	
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.					
OIL CONSERVATION COMMISSION					
OCT 12 1977					
APPROVED					
BY					
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.					