

**NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

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

RECEIVED

MAR 27 1980

SA TAFE	/	
FILE	/	
G.S.		
LOCAL OFFICE		
TRANSPORTER	OIL	/
	GAS	
OPERATOR	/	
PRORATION OFFICE		

I. OPERATOR

Operator: Yates Drilling Company O. C. D.

Address: 207 S. 4th, Artesia, NM 88210 ARTESIA, OFFICE

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/> Re-entry	Change in Transporter of:	Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Artesia Metex Unit</u>	Well No. <u>10</u>	Pool Name, including Formation <u>Artesia Qn. Grbg. SA</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-11595</u>
Location				
Unit Letter <u>L</u>	<u>2310</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u>			
Line of Section <u>19</u>	Township <u>18S</u>	Range <u>28E</u>	<u>NMPM, Eddy</u> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refining Co. - Pipeline Division</u>	Address (Give address to which approved copy of this form is to be sent) <u>North Freeman, Artesia, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 <u>A</u> Sec. <u>25</u> Twp. <u>18S</u> Rge. <u>27E</u> Is gas actually connected? <u>No</u> When _____

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>2/18/80</u>	Date Compl. Ready to Prod. <u>2/27/80</u>	Total Depth <u>2060</u>	P.B.T.D. <u>2060</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3575 KB</u>	Name of Producing Formation <u>Grayburg-Metex</u>	Top Oil/Gas Pay <u>1942</u>	Tubing Depth <u>1942</u>					
Perforations <u>OH 1942-2060</u>			Depth Casing Shoe <u>(marked with X)</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>9 5/8</u>	<u>7 5/8</u>	<u>484'</u>	<u>SS</u>
<u>6 3/4</u>	<u>5 1/2</u>	<u>1942'</u>	<u>150 sks Class C</u>
			<u>50 sk on string conn</u>

V. 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 <u>3/21/80</u>	Date of Test <u>3/21/80</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>--</u>	Casing Pressure <u>--</u>	Choke Size <u>--</u>
Actual Prod. During Test <u>45</u>	Oil-Bbls. <u>9</u>	Water-Bbls. <u>36</u>	Gas-MCF <u>TSTM</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.

J. Anita Doodlett
(Signature)
Production Clerk
(Title)
March 26, 1980
(Date)

OIL CONSERVATION COMMISSION
MAR 27 1980

APPROVED _____, 19____
BY W. A. Gessett
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.