

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED

OCT 26 1978

O.C.C.

ARTESIA, OFFICE

I.

FI E					
G.S.					
ID OFFICE					
TRANSPORTER	OIL	/			
	GAS				
OPERATOR	/				
PRORATION OFFICE					
Operator Yates Drilling Company					
Address 207 So. 4th St., Artesia, NM 88210					
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
Change in Ownership	<input type="checkbox"/>		Casinghead Gas	<input type="checkbox"/>	Condensate
If change of ownership give name and address of previous owner					

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Artesia Metex Unit	13	Artesia A-G-SH	State, Federal or Fee State	B-11339
Location				
Unit Letter	J	2310 Feet From The East	Line and	2310 Feet From The South
Line of Section	19	Township	18S	Range
			28E	, NMPM, Eddy 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purchasing Co.	North Freeman, Artesia, NM 88210					
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	25	18	27	No	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
X								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. C O					
10/3/78	10/18/78	2130' 2335'	2143' 2130'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3578 DF	Grayburg (Metex)	2032'	2053'					
Perforations	2032-2025 - 2088-2094 (Old Perfs.) No new perfs.					Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12" & 10"	8 5/8	235	275 sks Class C					
10"	8 5/8	235 - 248 428	25 sks					
8"	5 1/2	1707	320 sks Class C					
8"	5 1/2	1707-2143						

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10/20/78	10/23/78	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	-	-	-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
100 Bbls	15	85	TSTM

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

I. 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)

Drilling Superintendent

(Title)

10/24/78

(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 30 1978

BY W.A. Gussert

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.