

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

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

RECEIVED

MAR 27 1980

O. C. D.

ARTESIA, OFFICE

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

I. Operator
Yates Drilling Company

Address
207 So. 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)
New Well ☒ Re-entry ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Artesia Metex Unit	Well No. 22	Pool Name, including Formation Artesia Qn. Grbg. SA	Kind of Lease State, Federal or Fee State	Lease No. B-11595
Location Unit Letter <u>N</u> ; <u>2024</u> Feet From The <u>West</u> Line and <u>990</u> Feet From The <u>South</u> Line of Section <u>19</u> Township <u>18S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input 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, 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 A	Sec. 25	Twp. 18S	Rge. 27E	Is gas actually connected? No	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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 11/30/79	Date Compl. Ready to Prod. 2/7/80	Total Depth 2180	P.B.T.D. 2180					
Elevations (DF, RKB, RT, GR, etc.) 3563 GR	Name of Producing Formation Grayburg Metex	Top Oil/Gas Pay 1986	Tubing Depth 2180					
Perforations 1986-94, 2048-55, 2094-2104, 2138-46, 4 shots/ft			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12"	8 5/8	329' 471	270 250 SKS + 1 1/2 yds. Ready					
8"	5 1/2	1531' 2275	150 SKS Lite-215 SKS					
			Class C					
			+ 100 SKS ON ORIG. Comp.					

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 Feb. 26, 1980	Date of Test March 20, 1980	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size Post 2 1/2" ID 28" RC
Actual Prod. During Test 300	Oil-Bbls. 24	Water-Bbls. 276	Gas-MCF TSTM

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

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.

Production Clerk

(Title)

March 25, 1980

(Date)

OIL CONSERVATION COMMISSION

MAR 27 1980

APPROVED _____, 19____

BY W.A. Gussitt

TITLE SUPERVISOR DISTRICT

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.