ر	REQUES	T FOR ALLOWAGE	Concessed of Supersedes (Elfective (-)	ild C -104 and C-1 -65	
G.S.	AUTHORIZATION TO T	RANSPORT OIL AND NATUR			
IRANSPORTER OIL / GAS / OPERATOR /		RECEIVED	3		
I. PRORATION OFFICE		6,07 3 1977 ·	•		
Address Yates Petr	oleum Corporation 🗸				
207 S. 4th Reason(s) for filing (Check proper) New Well					
Recompletion Change in Ownership X	Change in Transporter of: Oil Dry Casinghead Gas Conc	Gas U Well shut-	-in.		
If change of ownership give name and address of previous owner	Depco, Inc 800	Central, Odessa, Te	xas 79761	· · · · · · · · · · · · · · · · · · ·	
II. DESCRIPTION OF WELL AN	D LEASE			. •	
State 647-AC	Well No. Pool Name, Including 2 713 122 Artesia (_ease aderal or Fee State	Lease No. 647	
	660 Feet From The North L	ine and <u>660</u> Feet F	rom The East		
Line of Section 22	Cownship 185 Range	28е , ммрм,	Eddy	County	
II. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS			
Name of Authorized Transporter of C Navajo Refining (CoPipeline Division	Address (Give address to which a North Freeman, 1	pproved copy of this form is Artesia	to be sent)	
Name of Authorized Transporter of C Phillips Petroleu	Casinghead Gas X or Dry Gas	Address (Give address to which a		to be sentj	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Odessa, Texas	When		
give location of tanks.	J 15 18s 28e		l l		
If this production is commingled v V. COMPLETION DATA	vith that from any other lease or pool	give commingling order number:			
Designate Type of Complet	ion = (X)	New Well Workover Deepen	Plug Back Same Res	iv. Diff. Resiv.	
Date Spuddød	Date Compl. Ready to Prod.	Total Depth	P.3.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	ीक्त ी M/Gas Pay	Tubing Depth		
Perforations		<u> </u>	Depth Casing Shoe		
	TUBING, CASING, AN	D CEMENTING RECORD			
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEM	ENT	
· · · · · · · · · · · · · · · · · · ·					
. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	ifter recovery of total volume of load	all and must be pought to an a		
OIL, WELL Date First New Oil Run To Tanks	able for this de Date of Test	epth or be for full 24 hours) Producing Mothed (Flow, pump, gas			
		the second second paraly go.	· ••,•, •. •.•,		
Length of Test Actual Prod. During Test	Tubing Pressure	Casing Pressure	Choke Size		
		ndle: - 2019.	Gas-MCF	2)* Ì	
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 COMPLIAN	CE	11	ATION COMMISSION		
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED OCT 1	2 1977	9	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY_ W. a. Aresset			
		TITLE SUPERVISOR, DISTRICT II			
mmaa	Smmason		This form is to be filed in compliance with RULE 1104.		
(Signature)		If this is a request for all well, this form must be accom-	panied by a tabulation of	f or deepened the deviation	
Production Superintendent (Tiule)		tests taken on the well in accordence with RULE 111. All sections of this form must be filled out completely for allow-			
September 29, 1977		able on new and recompleted Fill out only Sactions I.	welle. II. III. and VI for chang	es of owner.	
(Do	ite)	well name or number, or transpo	orten or other such change	of condition.	