

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Superseding Old C-104 and C-1 Effective 1-1-65	
SANTA FE		REQUEST FOR ALLOWABLE			
FILE		AND			
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE		RECEIVED			
TRANSPORTER		APR - 2 1979			
OIL		O.C.C.			
GAS		ARTESIA, OFFICE			
OPERATOR					
PRODUCTION OFFICE					
Operator					
Yates Petroleum Corporation					
Address					
207 South 4th Street-Artesia, NM 88210					
Reason(s) for filing (Check proper box)		Other (Please explain)			
New Well <input type="checkbox"/>		Change in Transporter of: <input type="checkbox"/>			
Recompletion <input type="checkbox"/>		Oil <input checked="" 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		From SOC			
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Kind of Lease	
Federal AB Com.		1		NM 0487738	
		Penasco Draw S. A. Yeso		State, Federal or Free Fed.	
Location					
Unit Letter M : 660 Feet From The South Line and 660 Feet From The West					
Line of Section 32 Township 18S Range 25E, NMPM, Eddy County					
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 Company		No. Freeman Ave-Artesia, NM 88210			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
Yates Petroleum Corporation		207 So. 4th Street-Artesia, NM 88210			
If well produces oil or liquids, give location of tanks.		Unit		Is gas actually connected? When	
		M 32 18S 25E		Yes 3-16-73	
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 New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.					
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
				P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay	
				Tubing Depth	
Perforations				Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
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.)	
Length of Test		Tubing Pressure		Casing Pressure	
				Choke Size	
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.	
				Gas - MCF	
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					
OIL CONSERVATION COMMISSION					
APPROVED APR 4 - 1979					
BY W. A. Gressett					
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 deviated 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.					