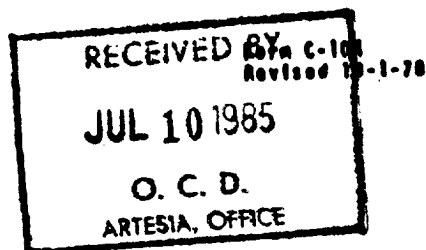


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2000  
SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR  
Yates Petroleum Corporation ✓  
Address  
207 South 4th St., Artesia, NM 88210  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ Effective July 1, 1985  
Well is pumping.

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Yates "A"  
Well No. 15  
Pool Name, including Formation Loco Hills-Q-G-SA  
Kind of Lease NM-021095  
State, Federal or Foreign Federal  
Location  
Unit Letter M : 330 Feet From The South Line and 330 Feet From The West  
Line of Section 6 Township 18s Range 30e, NMPM, Eddy

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Navajo Refining Co.  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 159, Artesia, NM 88210  
Is gas actually connected? 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) X  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Elevations (DI, 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 SACKS CEMENT

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 to be able 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/MCF Gravity of Condensate  
Testing Method (piston, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Production Supervisor*  
(Signature)  
Production Supervisor  
(Title)

7-9-85

(Date)

OIL CONSERVATION DIVISION  
JUL 12 1985  
APPROVED  
BY ORIGINAL SIGNED  
BY LARRY BROOKS  
GEOLOGIST - NMOC

This form is to be filed in compliance with RULE 100.  
If this is a request for allowable for a newly drilled or d  
well, this form must be accompanied by a tabulation of the d  
tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely fo  
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of  
well name or number, or transporter, or other such change of c  
Separate Form C-104 must be filed for each pool in

