Supersedes Old C-104 and C-110 SANTA FE REQUEST FOR ALLOWABLE Effective 1-1-65 1 FILE AND u.s.g.s AUTHORIZATION TO TRANSPORT OF EAND NATURAL GAS LAND OFFICE 1 OIL TRANSPORTER FIELD : 1979 ١ OPERATOR PRORATION OFFICE ARTENIA, OFFICE Yates Petroleum Corporation -207 So. 4th Street-Artesia, NM 88210 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: New Well Dry Gas Recompletion To Transport Casinghead Gas Casinghead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner I. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Kind of Lease Legse Nc. State, Federal or Fee Penasco Draw S.A. Yeso Fed Gerard AW Location Feet From The South Line and 1650 0 990 Feet From The East Unit Letter Eddy Line of Section 25 25E Township 18S County , NMPM, Range I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil 1216 Vaughn Bldg.-Midland, TX 79701 Scurlock Oil Company Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas X or Dry Gas 207 So. 4th Street-Artesia, NM 88210 gas actually connected? When Yates Petroleum Corporation If well produces oil or liquids, 25 2-28-73 Ò 25E Ýes **18**S give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Plug Back Same Resty. Diff. Resty. Oll Well New Well Workover Deepen Gas Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Tubing Depth Name of Producing Formation Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Ggs - MCF Water - Bbls. Oil-Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE 1973 MAR 9 APPROVED 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.

(Signati Eddie M. Mahfood-Engineer

(Title) 2-27-73

(Date)

DIL AND GAS INSPECTOR TITLE

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.