DISTRIBUTION DISTRIBUTION NTA FE LE S.G.S. IND OFFICE CANSPORTER GAS CERATOR CORATION OFFICE MYCO Industri	RE AUTHORIZATION REC OCT		DR ALLON AND SPORT OI	WABLE		Effective 1-1-	ld C-104 and C-110 65	
lress		NR 0021	10					
207 S. 4th St ison(s) for filing (Check proper box) w Well completion image in Ownership	Change in Transporter of Oil Casinghead Gas Martin Yates 1	Dry Gas Condensa	011	her (Please ex		ia, NM 88210		
address of previous owner	<u> </u>							
SCRIPTION OF WELL AND L ase Name Atoka State	Well No. Pool Name, Including For		4			or Fee State	Lease No. E-9891	
cation / K 1650 Unit Letter :;	Feet From The	uth Line	2	310	Feet From Th	West		
16	185	26				Eddy	Country	
SIGNATION OF TRANSPORT	ER OF OIL AND NATI	URAL GAS		, NMPM,			County	
me of Authorized Transporter of Oll X or Condensate A Navajo Refining Co.			Add:ess (Give address to which approved copy of this form is to be sent) P.O. Drawer 159 Artesia, NM 88210					
			Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Odessa, Texas 79762					
well produces oil or liquids,	Unit Sec. Twp. Rge.		Is gas actually connected? When			1		
ve location of tanks. his production is commingled with	10 16 18S	26E		es Igling order r	umber:	1-31-67		
OMPLETION DATA	Oil Well		New Well	Workover	Deepen	Plug Back Same R	es'v. Diff. Res'v.	
Designate Type of Completion	n — (X) Date Compl. Ready to Prod	· · · · · · · · · · · · · · · · · · ·	Total Depth	L		P.B.T.D.		
ate Spudded	Date Compt. Ready to Prod.							
vations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
erforations	<u></u>					Depth Casing Shoe		
	TUBING, CA	ASING, AND	CEMENTI	NG RECORD)	· · · · · · · · · · · · · · · · · · ·		
HOLE SIZE	E CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT Port ID-3		
······································			·····		11-7-86			
					•	- chg. ap	·	
EST DATA AND REQUEST F						and must be equal to	or exceed top allow-	
II. WELL Date First New Oil Run To Tanks	Date of Test	le for this dep	-	•	pump, gas lif	(t, etc.)		
ength of Test	Tubing Pressure		Casing Pre		<u></u>	Choke Size		
· · · · · · · · · · · · · · · · · · ·					Gas - MCF			
Actual Prod. During Test	Oil-Bbla.		Water-Bbls.					
FAS WELL								
Actual Prod. Test-MCF/D	Length of Test		Bbis. Condensate/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size			
CERTIFICATE OF COMPLIAN		<u> </u>	 					
				VED		40.00		
hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.			BYOriginal Signed By					
pove is true and complete to th	e best of my knowledge	and benef.			AAIL A	A/:[]:منتخب ا		
			TITLE		Oll & Ga	s inspector		
41n, munup				This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened				
(Signature)				his form mus	t be accompa	anied by a tabulati ordance with RULE	on of the deviation	
Engineer				1 sections of	this form m	ust be filled out co		
September 1, 1986			Fi	able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner				
(Date)				well name or number, or transporter, or other such change of condition				