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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
**RECEIVED**  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-65

APR - 2 1979

O. C. C.  
ARTESIA 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: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	<i>From SOC</i>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE			
Lease Name <b>Nix Curtis BH</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Penasco Draw S.A. Yeso</b>	Kind of Lease State, Federal or Fee <b>Fee</b>
Location Unit Letter <b>P</b> ; <b>330</b> Feet From The <b>East</b> Line and <b>990</b> Feet From The <b>South</b>			
Line of Section <b>25</b> Township <b>18S</b> Range <b>25E</b> , NMPM, <b>Eddy</b> County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Navajo Crude Oil Purchasing Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>No. Freeman Ave-Artesia, NM 88210</b>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Yates Petroleum Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>207 So. 4th Street-Artesia, NM 88210</b>		
If well produces oil or liquids, give location of tanks. Unit <b>I</b> Sec. <b>25</b> Twp. <b>18S</b> Rge. <b>25E</b>	Is gas actually connected? <b>Yes</b>	When <b>2-28-73</b>	

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	SACKS CEMENT

**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 <i>Post 3 1/2</i>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF <i>46715</i>

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**

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.

*Christine Tomlinson*  
(Signature)  
**Christine Tomlinson-Geol Secty**  
(Title)  
**3-31-79**  
(Date)

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.