NOLTHBUTTON NEW MEXICO OIL CONSERVATION COMMISSION SF TAFE Form C-104 REQUEST FOR ALLOWABLE FIE Supersedes Old C-101 and C-110 **GNA** Effective 1-1-65 G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS ID OFFICE OIL TRANSPORTER RECEIVED GAS **OPERATOR** PRORATION OFFICE NOV 2 | 1975 Yates Petroleum Corporation Address <u>a. c</u>. c 207 South 4th Street ARTESIA. Reason(s) for filing (Check proper box) Re-Entry Change in Transporter of: Other (Please explain) Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation Kind of Lease 067136 Scout "EH" Federal Lease No. Penasco Draw (Yeso S.A.) State, Federal or Fee Fed. 3 Location 1980 660 Unit Letter Feet From The North eet From The 34 Line of Section Township 185 Range 25E Eddy , NMPM, Address (Give address to which approved copy of this form is to be sent) Navajo Crude Purchasing Company No. Freeman Ave-Artesia, NM 88210 Name of Authorized Transporter of Casinghead Gas 📉 or Dry Gas 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, Twp. P.ge. give location of tanks. H 34 18S 25E Yes 11-14-75 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Designate Type of Completion - (X) Deepen Plug Back Same Res'v. Diff. Res'v. Date Spudded Date Compl. Ready to Prod. Total Derth P.B.T.D. Re-Entry 10-26-75 11-14-75 9150 23831 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth 3506 GR Yeso 2114 Perforations 2096 Depth Casing Shoe 2114-2260' 23831 TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET 175" SACKS CEMENT 12-3/4" 320' 350 sx Circulate 11" 8-5/8" 11111 400 sx Circulate 150 sx Circulate **7-7/8**" 23831 3/8" EUE 2-<u> 2096 </u> V. TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL Date First New Oil Run To Tanks Date of Test Froducing Method (Flow, pump, gas lift, etc.) 11-14-75 11-18-75 Pumping Length of Test Tubing Pressure Coaing Press Choke Size 40 40 Open Actual Prod. During Test Oil-Bbls. Wate: - Bbis 26 Gas - MCF 14.0 12 LW 41.0 GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION APPROVED NOV 24 1975 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. SUPERVISOR, DISTRICT 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. (Signature) Christine Tomlinson - Geol Secty 11-20-75 Title) All sections of this form must be filled out completely for allowable on new and recompleted wells.

(Date)

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.