## NEW MEXICO OIL CONSERVATION COMMISSION TAFE Porm C-104 REQUEST FOR ALLOWABLE FIE Supersedes Old C-104 and C-110 Effective 1-1-65 AND G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS ID OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Yates Petroleum Corporation / 207 South 4th St Reason(s) for filing (Check proper box) 88210 South 4th Street - Artesia, NM Other Casing Head Gas Must Not BE FLARED AFTER 12-17-75 XChange in Transporter of: Recompletion OIL Dry Gas UNLESS AN EXCEPTION TO Rule 306 Change in Ownership Casinahead Gas IS OBTAINED If change of ownership give name and address of previous owner \_\_\_\_ II. DESCRIPTION OF WELL AND LEASE Lease Name Pool Name, Including Fo Kind of Lease Dayton "ER" Lease No 1 Had. Atoka (S.A.) Fee State, Federal or Fee Location 2310 South 990 East Unit Letter Feet From The Line and Feet From The Line of Section 21 26E Eddy Township 18S Range , NMPM. County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of All XX or Condensate Navajo Crude Purchasing Company Address (Give address to which approved copy of this larm into by ceres 21.0 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 88**2**ĺ0 207 So. 4th Street-Artesia, NM Unit Sec. Ege. If well produces oil or liquids, catually connected? ls gas give location of tanks. Approx. or anticipate 21 18S 26E No If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Same Resty. Diff. Resty Workover Deepen Plug Back Designate Type of Completion - (X) X X Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 9-27-75 10-17-75 1780 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth 3363 GR San Andres 1577 1623 Depth Casing Shoe 1577-1642' 1780 TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 250 Sacks 15" 41.85# 400 10 7/44 91/3" 20# 550 Sacks 1227 6½" 9.5&15.5# 41545/ Tapered 1780 175 Sack 2-3/8" EUE 1623 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 Producing Method (Flow, pump, gas lift, etc.) 10-17-75 10-22-75 Pumping Length of Test Tubing Pressure Casing Pressure Choke Size 24 20 20 Open Actual Prod. During Test Oil-Bbls. Water - Bbls. GGA - MCF 91 98 7 BLW 156 GAS WELL Length of Test Bbls. Condensate/MMCF Gravity of Condensate

Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

## I. CERTIFICATE OF COMPLIANCE

IV.

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.

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	(Signature)	7
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Eddie M. Mahfood - Engineer

(Date)

(Title)

10-22-75

OIL CONSERVATION COMMISSION

APPROVED	OCT	23	1975	•
BY W.	a.	B	vesit	

SUPERVISOR, DISTRICT IT 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.