5/ TAFE F1 E 	REQUE	NEW MEXICO OLL CORSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
L ID OFFICE IRANSPORTER OPERATOR PROBATION OFFICE			
Operator	um Corporation $\checkmark$	DEC	29 1975
Address 207 South 4th	Street - Artesia, NM	88210	. C. C.
Reason(s) for filing (Check prop. New Well X Recompletion Change in Ownership	Change in Transporter of: Oil Dry	Gas	SIA, OFFICE
If change of ownership give na and address of previous owner	me		
II. DESCRIPTION OF WELL A	Well No. Pool Name, Including	Formation Kind of L	
Dayton "EZ"	1 Und Atoka	S.A.	leral of Fee Fee Lease No.
Unit Letter H	2310 Feet From The North	ine and Feet From Feet F	East
Line of Section 21	Township 18S Range	26E , <sub>NMPM</sub> , E	County
I. DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL G		
Navajo Crude Purchasing Co No. Freman Ave-Art		tesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Yates Petroleum Corporation		Address (Give address to which approved copy of this form is to be sent) 207 South 4th Street -Artesia, NM 88210	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. H 21 18S 26E	is gas actually connected?	When / <b>1</b> -22-75
If this production is commingled	d with that from any other lease or pool		
Designate Type of Compl	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v
Date Spudded	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.
12-5-75 Elevations (DF, RKE, RT, GR, etc	12-20-75 Name of Producing Formation	1720	1697
3353' GR	San Andres	Top Oil/Gas Pay 1573	Tubing Depth 1552
]]	.573-1650		Depth Casing Shoe 1697
HOLE SIZE	TUBING, CASING, AN	D CEMENTING RECORD	
15" 9½"	10-3/4"	403	250
6 <sup>1</sup> / <sub>4</sub> "		1200'.	500
<u> </u>	2-3/8"	1552	200
TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be a oble for this d	ifter recovery of total volume of load of epth or be for full 24 hours)	l and must be equal to or exceed top allow-
Date First New Oil Run To Tanks 12-20-75	Date of Test 12-23-75	Producing Method (Flow, pump, gas	
Length of Test	Tubing Pressure	Pumping Casing Pressure	Choke Size
24 Actual Prod. During Test	24	50	Open
100.5	Oil-Bbls. 91.0	Water-Bbis. 9.5 BLW	Gab-MCF 76.5
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
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.		OIL CONSERVATION COMMISSION APPROVED DEC 29 1975 BY	
Christine Tomlinson-Geol. Secty		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.	
()	Date)	well name or number, or transport	er, or other such change of condition.