

SA	TA	FE			
FI	E				
G.S.					
ID	OFFICE				
TRANSPORTER	OIL				
	GAS				
OPERATOR					
PRORATION OFFICE					

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104

Supersedes Old C-104 and C-110

Effective 1-1-65

RECEIVED

JAN 27 1976

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 checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Dayton "EY"	Well No.	1	Pool Name, including Formation	Uncl. Atoka S.A.	Kind of Lease	State, Federal or Fee	Fee	Lease No.
Location	Unit Letter <u>P</u> ; <u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u>								
Line of Section	<u>21</u>	Township	<u>18S</u>	Range	<u>26E</u>	, NMPM,		<u>Eddy</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Navajo Crude Oil Purchasing Co.		Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Yates Petroleum Corporation		207 So. 4th Street-Artesia, NM 88210			
If well produces oil or liquids, <u>102</u> give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>I</u>	<u>21</u>	<u>18S</u>	<u>26E</u>	<u>Yes</u>	<u>1-20-76</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
<u>X</u>	<u>X</u>		<u>X</u>					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
<u>12-28-76</u>	<u>1-20-76</u>		<u>1720'</u>		<u>1698'</u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<u>3370' GR</u>	<u>San Andres</u>		<u>1574'</u>		<u>1555'</u>			
Perforations					Depth Casing Shoe			
<u>1574-1667'</u>					<u>1698'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>15"</u>	<u>10-3/4"</u>		<u>426'</u>		<u>200</u>			
<u>9 1/2"</u>	<u>7"</u>		<u>1210'</u>		<u>500</u>			
<u>6-1/8"</u>	<u>4 1/2 & 5 1/2"</u>		<u>1698'</u>		<u>175</u>			
	<u>2-3/8"</u>		<u>1555'</u>					

V. 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.)	
<u>1-20-76</u>	<u>1-24-76</u>	<u>Pumping</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24</u>	<u>32</u>	<u>-</u>	<u>-</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
<u>46.7</u>	<u>32.7</u>	<u>14 BLW</u>	<u>32.1</u>

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

I. 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

1-27-76

(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 27 1976, 19

BY W.A. Gussert

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 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.