NEW MEXICO OIL CONSERVATION COMMISSION SA TA FE Form C-104 REQUEST FOR ALLOWABL' FIE Supersedes Old C-104 and C-110 AND Effective 1-1-65 .G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS ID OFFICE **IRANSPORTER** GAS RECEIVED OPERATOR PRORATION OFFICE <u> 14N 1 5 1976</u> Yates Petroleum Corporation a. c. c. 207 South 4th Street - Artesia, NM 88210 ARTESIA, OFFICE Reason(s) for filing (Check proper box) Other (Please explain) New Well X Change in Transporter of: Recompletion OII 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 Well No. Pool Name, Including Formation and AtoRatha of Lease Well No. Pool Name, Including Formation and AtoRatha of Lease State Federal San Andrestka Lease No. Fee Lan ander State, Federal or Fee Location 2240 South 2310 East Feet From The Line of Section 21 Township 18S 26E Range NMPM, Eddy County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) No. Freeman Ave. Artesia, NM 88210 Navajo Crude Oil Purchasing Co. 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 Sec. Unit If well produces oil or liquids, give location of tanks. Twp. P.ge. Is gas actually connected? When : 21 18S 26E Yes 1-10-76 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 Workover Designate Type of Completion - (X) Plug Back | Same Res'v. Diff. Res'v. Date Spudded Date Compl. Ready to Prod. Total Depth 1720 P.B.T.D. 12-16-75 1-10-76 1698' Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth 1549 3368' GR San Andres 1571' Perforations Depth Casing Shoe 1571-1606' 1698 TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE 10-3/4" SACKS CEMENT 410' 200 sacks 95" 1210 675 sacks 6-1/8" 412&512" 1698 175 sacks 2-3/8" 1549 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 allow-able for this depth or be for full 24 hours) OIL WELL Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) 1-10-76 1-13-76 Pumping Length of Test Tubing Pressure Casing Pressure Choke Size 35 Actual Prod. During Test Oil - Bbls. .55.3 42.0 13.3 BLW 4ŏ.6 **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 OIL CONSERVATION COMMISSION

L 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.

(Signature

Christine Tomlinson-Geol. Secty

(Title) 1-14-76

JAN 191976 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.