## NEW MEXICO OIL CONSERVATION COMMISSION TAFE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 Effective 1-1-65 FI E **√AND** G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS ID OFFICE RECEIVED TRANSPORTER GAS OPERATOR PRORATION OFFICE JAN 15 1976 Operator Yates Petroleum Corporation b <u> 0. C. C</u> ARTESIA, OFFICE 207 South 4th Street - Artesia, NM 88210 Reason(s) for filing (Check proper box) Other (Please explain) X Change in Transporter of: Recompletion 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 Kind of Lease Dayton "EX" Lease No. 1 Had. Atoka S.A. State, Federal or Fee Fee Location Feet From The South 10 990 2310 East \_Line and 26E Line of Section Township Eddy ridnge NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Navajo Crude Oil Purchasing Co. No. Freeman Ave-Artesia, NM 88210 Name of Authorized Transporter of Casinghead Gasty 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 Twp. P.ge. Is gas actually connected? If well produces oil or liquids, give location of tanks. · K 21 18S , 26E 1-10-76 Yes If this production is commingled with that from any other lease or pool, give commingling order numbers V. COMPLETION DATA Gas Well Oil Well Workover New Well Deepen Plug Back | Same Res'v. Diff. Res'v. Designate Type of Completion - (X) X X Date Spudded Date Compl. Ready to Prod. Total Depth 12-22-75 1-10-76 1720' 1697' Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth 3381' GR San Andres 1549 1527' Perforations Depth Casing Shoe 1549-1644' 1697 TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 15" 10-3/4" 410' 200 9½" 6½" 7" 500 175 1220' 41/2651/2" 1697' 2-3/8" 1527' 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-OIL WELL able 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.) 1-10-76 1-13-76 Pumping Length of Test Tubing Pressure Casing Pressure Choke Size 24 hrs. 30 30 Actual Prod. During Test Water - Bbls. Gas - MCF 29.2 14.0 15.2 14.2 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 OIL CONSERVATION COMMISSION APPROVED JAN 19 1976 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 II TITLE \_

Christine Tomlinson - Geol. Secty

(Title) 1-14-76

(Date)

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.

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despend

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.