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D OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-106  
Effective 1-1-65

RECEIVED

MAR 2 1976

Operator  
Yates Petroleum Corporation✓

Address  
207 South 4th Street - Artesia, NM 88210

Reason(s) for filing (Check proper box)  
New Well ☒ Change In Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner

O. C. C.  
ARTESIA, OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name Dayton "FN"	Well No. 1	Pool Name, including Formation Atoka San Andres	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter C ; 990 Feet From The North Line and 2310 Feet From The West Line of Section 28 Township 18S Range 26E , NMPM, eddy 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 Company	Address (Give address to which approved copy of this form is to be sent) No. Freeman Ave. Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Yates Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 207 So. 4th Street- Artesia, NM 88210
If well produces oil or liquids, give location of tanks. Unit C Sec. 28 Twp. 18S Rge. 26E	Is gas actually connected? When Yes 2-27-76

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded 2-9-76	Date Compl. Ready to Prod. 2-24-76	Total Depth 1875'
Elevations (DF, RKB, RT, GR, etc.) 3404' GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 1522'
Perforations 1522-1658'		Tubing Depth 1504'
		Depth Casing Shoe 1720'
TUBING, CASING, AND CEMENTING RECORD		
HOLE SIZE 15"	CASING & TUBING SIZE None	DEPTH SET Drld to 357'
9 1/2"	7"	1182'
6 1/4"	4 1/2 & 5 1/2"	1720'
	2-3/8"	1504'
SACKS CEMENT 600 sacks 175 sacks		

VI. 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 2-24-76	Date of Test 2-27-76	Producing Method (Flow, pump, gas lift, etc.) Pumping
Length of Test 24	Tubing Pressure	Casing Pressure
Actual Prod. During Test 75	Oil - Bbls. 63	Water - Bbls. 12 BLW
		Gas - MCF 101

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.

Christine Tomlinson-Geol. Secty  
(Signature)  
(Title)  
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 2 1976  
BY W. A. Gressett  
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.