

OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-65

STATE	FILE	U.S.	D OFFICE
TRANSPORTER	C/L	GAS	
OPERATOR			
PRORATION OFFICE			

RECEIVED

Operator Yates Petroleum Corporation	
Address 207 South 4th Street - Artesia, NM 88210	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Other (Please explain) <b>O.C.C. ARTESIA OFFICE</b>
Change in Ownership <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Dayton "FP"	Well No. 1	Pool Name, Including Formation Atoka S. A.	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>G</u> ; <u>1650</u> Feet From The <u>East</u> Line and <u>2310</u> Feet From The <u>North</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 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 South 4th Street-Artesia, NM 88210	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 21
	1wp. 18S	Rge. 26E
	Is gas actually connected? Yes	
	When 3-13-76	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2-19-76	Date Compl. Ready to Prod. 3-6-76	Total Depth 1725'	P.B.T.D. 1708'					
Elevations (DF, RKB, RT, GR, etc.) 3364'	Name of Producing Formation San Andres	Top Oil/Gas Pay 1569'	Tubing Depth 1549'					
Perforations 1569-1640'			Depth Casing Shoe 1708'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
15"	10-3/4"	350'	200 sacks					
9 1/2"	7"	1200'	500 sacks					
6 1/2"	4 1/2 & 5 1/2"	1708'	175 sacks					
	2-3/8"	1549'						

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 3-6-76	Date of Test 3-13-76	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure 36	Casing Pressure -	Choke Size -
Actual Prod. During Test 90.6	Oil-Bbls. 80.5	Water-Bbls. 10.1 BLW	Gas-MCF 126

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  
(Title)  
3-19-76  
(Date)

OIL CONSERVATION COMMISSION  
MAR 22 1976

APPROVED \_\_\_\_\_, 19\_\_\_\_  
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.