

RECEIVED

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator **Yates Petroleum Corporation** **O.C.C.**
ARTESIA, OFFICE

Address
207 South 4th Street - Artesia, NM 88210

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

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

3. DESCRIPTION OF WELL AND LEASE

Lease Name Flint "GU"	Well No. 2	Pool Name, including Formation Atoka San Andres	Kind of Lease State, Federal or Free Free	Lease No.
Location				
Unit Letter I ; 2310 Feet From The South Line and 990 Feet From The East				
Line of Section 22 Township 18S Range 26E NMPM 88210 County				

4. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ 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 ☐ or Dry Gas ☐ 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 J	Sec. 22
	Twp. 18S	Rge. 26E
	Is gas actually connected? Yes When 2-17-77	

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

5. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☒	Gas Well ☐	New Well ☒	Workover ☐	Deepen ☐	Plug Back ☐	Same Resv. Dnt. Resv. ☐
Date Spudded 1-20-77	Date Compl. Ready to Prod. 2-17-77		Total Depth 1875'		P.B.T.D. 1873'		
Elevations (DF, RKB, RT, GR, etc.) 3318' GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 1731'		Tubing Depth 1712'		
Perforations 1731-1811' San Andres				Depth Casing Shoe 1873'			
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT			
9 5/8"	7"	1197'		1450			
5 1/2"	4 1/2" 5 1/2"	1873'		175			
	2-3/8"	1712'					

6. 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 2-17-77	Date of Test 2-26-77	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 20	Casing Pressure 20	Choke Size -
Actual Prod. During Test 30.3	Oil-Bbls. 20.3	Water-Bbls. 10 MM	Gas-MCF 24.5

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

7. 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)

3-2-77
(Date)

OIL CONSERVATION COMMISSION

MAR 3 1977

APPROVED _____, 19

BY *W. A. Gressett*
SUPERVISOR, DISTRICT H

TITLE _____

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 deviated 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 re-completed wells.

Fill out only Section I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.