

DISTRIBUTION	4	
SANTA FE	1	
FILE	1	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL 1	GAS
OPERATOR	1	
PROBATION OFFICE		

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

Form C-104
Superseding Old C-104 and C-1
Effective 1-1-65

RECEIVED

APR 21 1977

Operator	Yates Petroleum Corporation	
Address	O. C. C. 207 South 4th Street - Artesia, NM 88210	
Reason(s) for filing (Check proper box)	Other (Please explain) Request test allowable for 500 bbls while well is being evaluated. Yes to 2474-2733	
New Well <input checked="" type="checkbox"/>	Change in Transporter of Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE								
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.				
Mallard HM	2	Und. Yeso	State, Federal or Fee	Fee				
Location								
Unit Letter	K	1650 Feet From The	South Line and	2310 Feet From The	West			
Line of Section	28	Township	18S	Range	26E	NMPM,	Eddy	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Navajo Crude Oil Purchasing Company		No. Freeman Ave-Artesia, NM 88210				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	28	18S	26E		

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

COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION APR 22 1977	
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.		APPROVED _____, 19	
Christine Tomlinson (Signature)		BY <u>W. A. Gressett</u>	
Christine Tomlinson-Geol. Secty (Title)		TITLE <u>SUPERVISOR, DISTRICT II</u>	
4-20-77 (Date)		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 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.	