NO. OF COFIED MICEIVED DISTRIBUTION EW MEXICO OIL CONSCRVATION COMMIS! Dim C -104 Supersedes Old C-104 and C-11-Effective 1-1-65 REQUEST FOR ALLOWABLE SANIA PE VIÑD) II.C AUTHORIZATION TO TRANSPORT OIL AND HATURAL GAS U.S.G.S. LAND OFFICE APR - 2 1379 OIL **ERANSPORTER** GAS OPERATOR ومنه ومنه فيناه دفعت ماني PROBATION OFFICE Operator Yates Petroleum Corporation 88210 207 South 4th Street-Artesia, NM Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of New Well (X Dry Gas OII Recompletion from Soc Condensate Casinghead Gas Change in Ownership f change of ownership give name ind address of previous owner. DESCRIPTION OF WELL AND LEASE.

[Well No. | Pool Name, Including Formation Lease No. Kind of Lease State, Federal or Fee Fee Penasco Draw S. A. Yeso Wilkinson AZ Location East Feet From The Feet From The South Line and 330 990 P Unit Letter County , NMPM 25E Eddv Range **18**S Township Line of Section 26 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 X or Condensate No. Freeman Ave-Artesia, NM 88210
Address (Give address to which approved copy of this form is to be sent) Navajo Crude Oil Purchasing Company
Name of Authorized Transporter of Casinghead Gas X or Dry Gas 207 South 4th Street-Artesia. NM Yates Petroleum Corporation gas actually connected? P.go. Sec. Unit Twp. If well produces oil or liquids, give location of tanks. 25 **18**S 25E 10-6-77 . N Yes If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Same Hesty, Diff. Resty Plug Back Now Well Workover Deepen Gas Well Oll Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Pred. Dete Spudded Tubing Depth Top Oll/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoo Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Preducing Methed (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Choke Size Casing Pressure Tubing Pressure Length of Tost Gas - MCF Water - Bble. OII - Bblo. Actual Pred. During Tool GAS WELL Gravity of Condensate Bbla. Condensots/MMCF Length of Test Actual Frod. Tool-MCF/D Choke Size Casing Pressure (Shut-in) Tubing Prossure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION CERTIFICATE OF COMPLIANCE APPROVED I hereby cortify that the rules and regulations of the Oil Connervation Commission nave been compiled with and that the information given above is true and complete to the best of my knowledge and belief. SUPERVISOR, DISTRICT II TITLE . This form is to be filed in compliance with Rule 1104, If this is a sequest for alloweble for a newly deflict or deepened well, this form must be accompanied by a tabeletion of the Caviatica tests taken on the wall in accordance with nucl. 111. (Stanuture) All sections of this form must be filled out completely for allow-Secty Christine Tomlinson-Geol. rblo on nove and recompleted violla. (Title) Fill out only Sections I. B. M. and VI for changes of owner, well name or number, or transporter, or other such thange of condition. 3-31-79 (Date)