

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

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

RECEIVED

APR 22 1980

O. C. D.
ARTESIA, OFFICE

SA	T A F E		
F I L E			
G. S.			
D OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

Operator

Yates Petroleum Corporation

Address

207 South 4th Street, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

New Well

☐

Change in Transporter of:

Other (Please explain)

Recompletion

☒

Oil

☐

Dry Gas

☒

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☒

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
State JM Com	1	State JM Com (Penasco Draw- Permo Penn)	State, Federal or Fee State	LG 1270
Location	Unit Letter	A	660	Feet From The North Line and 660 Feet From The East
Line of Section	25	Township	18S	Range 24E, NMPM, County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Pipeline Co.	No. Freeman Ave., Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Co.	P.O. Box 2521, Houston, Texas 77001
If well produces oil or liquids, give location of tanks.	Unit A, Sec. 25, Twp. 18S, Rge. 24E
Is gas actually connected?	Yes
When	4-15-80

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X		X		X
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10/29/80	4/15/80	9016	6636					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3681 KB	Cisco	6520	6480					
Perforations	6520-28, 6560-92	Depth Casing Shoe	9009					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13 3/8" 48#	325	225					
12 1/4	8 5/8" 24#	1070	925					
7 7/8	4 1/2" 11.6 & 10.5#	9009	775					

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	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
4100	2 hours	TSTM	-
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pr	1715	Sealed	1/2

VI. 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.

Eddie M. Krabach

(Signature)

Engineer

(Title)

4/22/80

(Date)

OIL CONSERVATION COMMISSION

MAY - 1 1980

APPROVED

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.