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TRANSPORTER	OIL / GAS /
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PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COM. ON  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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APR 11 1979

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

Address **207 South Fourth Street - Artesia, NM 88210**

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Gas <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name	Well No.	State, Federal or Fee	Fee
<b>Wright "JA"</b>	<b>2</b>		
Pool Name, including Formation			
<b>Atoka Yeso</b>			
Location			
Unit Letter		Feet From The	Feet From The
<b>A</b>	<b>990</b>	<b>North</b>	<b>330</b>
Line of Section		Township	Range
<b>33</b>		<b>18S</b>	<b>26E</b>
		NMPM,	Eddy
			County

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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	<b>No. Freeman Ave. - Artesia, NM 88210</b>		
<b>Navajo Crude Oil Purchasing Company</b>	Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	<b>207 S. 4th Str. - Artesia, NM 88210</b>		
<b>Yates Petroleum Corporation</b>	Is gas actually connected? When		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	<b>A</b>	<b>33</b>	<b>18S</b>
			<b>26E</b>
	<b>yes</b>		
	<b>3-31-79</b>		

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
<b>12-28-78</b>	<b>3-31-79</b>	<b>3105'</b>		<b>----</b>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
<b>3375' GR</b>	<b>Yeso</b>	<b>2722</b>		<b>2902</b>					
Perforations		Depth Casing Shoe							
<b>2722-2919'</b>		<b>3105'</b>							

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>9-7/8"</b>	<b>7"</b>	<b>1093'</b>	<b>400 sacks</b>
<b>6-1/4"</b>	<b>4 1/2" &amp; 5 1/2"</b>	<b>3105'</b>	<b>275 sacks</b>
	<b>2-7/8"</b>	<b>2902'</b>	

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.)	
<b>3-31-79</b>	<b>4-2-79</b>	<b>Pumping</b>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<b>24</b>	<b>20#</b>	<b>20#</b>	<b>----</b>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<b>192.1</b>	<b>25.1</b>	<b>167</b>	<b>51.6</b>

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

CERTIFICATE OF COMPLIANCE	OIL CONSERVATION COMMISSION
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 <b>APR 12 1979</b>
<b>Christine Lomison</b> (Signature)	BY <b>W. A. Gussert</b>
<b>Geological Secretary</b> (Title)	TITLE <b>SUPERVISOR, DISTRICT II</b>
<b>4-11-79</b> (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 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.