

FILE		U.S.G.S.		LAND OFFICE		TRANSPORTER		OIL		GAS		OPERATOR		PRODUCTION OFFICE							
Yates Petroleum Corporation														O. C. D.							
207 South 4th Street - Artesia, NM 88210														ARTESIA OFFICE							
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																					
DESCRIPTION OF WELL AND LEASE																					
Lease Name				Well No.		Pool Name, including Formation				Kind of Lease				Lease No.							
Penasco "IW" Shallow				4		Penasco Draw SA Yeso (Assoc)				State, Federal or Fee State				L-122							
Location																					
Unit Letter "P" : 330 Feet From The South Line and 330 Feet From The East																					
Line of Section 31 Township 18S Range 25E NMPM, Eddy, County																					
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS																					
Name of Authorized Transporter of Oil ☒ or Condensate ☐										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 ☒ or Dry Gas ☐										Address (Give address to which approved copy of this form is to be sent)											
Yates Petroleum Corporation										207 South 4th Street-Artesia, NM 88210											
If well produces oil or liquids, give location of tanks.										Unit		Sec.		Twp.		Rge.		Is gas actually connected?		When	
										J		31		18S		25E		Yes		6-9-80	
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.									
5-20-80				6-9-80				3100'				3092'									
Elevations (DF, RKB, RT, GR, etc.)				Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth									
3622' GR				Yeso				2482'				2467'									
Perforations										2482-2677'				Depth Casing Shoe		3092'					
TUBING, CASING, AND CEMENTING RECORD																					
HOLE SIZE				CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT									
14-3/4"				10-3/4"				358'				350									
9 1/2"				7"				995'				1275									
6 1/2"				4 1/2"				3092'				375									
				2-3/8"				2467'													
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top oil or gas 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.)													
6-9-80				6-17-80				Pumping													
Length of Test				Tubing Pressure				Casing Pressure				Choke Size									
24				25#				25#				2"									
Actual Prod. During Test				Oil-Bbls.				Water-Bbls.				Gas-MCF									
15				11				4				16									
GAS WELL																					
Actual Prod. Test-MCF/D				Length of Test				Bbls. Condensate/MCF				Gravity of Condensate									
Testing Method (pilot, back pr.)				Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size									
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.																					
OIL CONSERVATION COMMISSION																					
APPROVED JUN 20 1980																					
BY W. A. Dussert																					
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 deviated tests taken on the well in accordance with RULE 111.																					
All sections of this form must be filled out completely for flowline 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.																					