

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
RECEIVED BY
DEC 12 1983
O. C. D.
ARTESIA, OFFICE

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATION	
PRODUCTION OFFICE	
Geological	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Yates Petroleum Corporation
Address 207 South 4th St., 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"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease	Fee	Lease No.
Lease Name		3	Atoka San Andres	State, Federal or Fee		
Hawkins GY						
Location						
Unit Letter	C	990	Feet From The North	Line and	2310	Feet From The West
Line of Section	27	Township	18S	Range	26E	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"/>		Box 159, Artesia, NM 88210				
Navajo Crude Oil Purchasing Co.						
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Yates Petroleum Corporation		207 S. 4th, Artesia, NM 88210				
If well produces oil or liquids, give location of tanks	Unit C	Sec. 27	Twp. 18s	Rge. 26e	Is gas actually connected? Yes	When 12-8-83

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't.	Diff. Res't.
Designate Type of Completion - (X)		X		X					
Date Spudded	11-11-83	Date Compl. Ready to Prod.	12-8-83	Total Depth	1900'	P.B.T.D.	1851'		
Elevations (DF, RKB, RT, GR, etc.)	3323' GR	Name of Producing Formation	San Andres	Top Oil/Gas Pay	1503'	Tubing Depth	1465'		
Perforations	1503-1801'					Depth Casing Shoe	1900'		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	950'	550
7-7/8"	4-1/2"	1900'	450
	2-7/8"	1465'	

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	12-5-83	Date of Test	12-8-83	Producing Method (Flow, pump, gas lift, etc.)	Pumping		
Length of Test	24 hrs	Tubing Pressure	50#	Casing Pressure	50#	Choke Size	Open
Actual Prod. During Test	135	Oil-Bbls.	38	Water-Bbls.	97	Gas-MCF	37

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 DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	APPROVED DEC 13 1983
	Original Signed By
	Leslie A. Clements
	Supervisor District II
	TITLE
	This form is to be filed in compliance with RULE 110.
	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.
	Separate Form C-104 must be filed for each pool in multiple completion wells.

Leslie A. Clements
(Signature)
Production Supervisor
(Title)
12-9-83
(Date)