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TRANSPORTER GAS	✓	
OPERATOR	✓	
PRORATION OFFICE		

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-11

Effective 1-1-65

RECEIVED BY

OCT 17 1984

O. C. D.

ARTESIA, OFFICE

Operator

Yates Petroleum Corporation ✓

Address

207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well [X]

Recompletion [ ]

Change in Ownership [ ]

Change in Transporter of:

Oil [ ] Dry Gas [ ]

Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

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 (State, Federal or Fee)	Lease No.
Waldrip JY	2	Atoka Glorieta Yeso	Fee	

Location

Unit Letter K ; 2310 Feet From The South Line and 2310 Feet From The West

Line of Section 34 Township 18S Range 26E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil XX or Condensate [ ]

Navajo Refining Co.

Address (Give address to which approved copy of this form is to be sent)

Box 159, Artesia, NM 88210

Name of Authorized Transporter of Casinghead Gas XX or Dry Gas [ ]

Yates Petroleum Corporation

Address (Give address to which approved copy of this form is to be sent)

207 S. 4th St., Artesia, NM 88210

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	34	18	26	Yes	10-4-84

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 Resv.	Diff. Resv.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8-28-84	10-10-84	3900'	3803'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3349' GR	Yeso	2876'	3616'

Perforations	Depth Casing Shoe
2876-3771'	3900'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	926'	500
7-7/8"	5-1/2"	3900'	580
	2-7/8"	3616'	

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 allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
10-4-84	10-10-84	Pumping

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	25#	25#	Open

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
99	36	63	49

Perforated (1) 10-19-84 Completed

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method (pitot, 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.

Juanita Goodlett

(Signature)

Production Supervisor

(Title)

10-17-84

(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 19 1984, 19

BY Original Signed By Mike Williams

TITLE Oil & Gas Inspector

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 well name or number, or transporter, or other such change of condition.