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TRANSPORTER	OIL /
	GAS /
OPERATOR	/
PRORATION OFFICE	/

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

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

APR 8 1977

I. Operator **Yates Petroleum Corporation**
Address **207 So. 4th St., Artesia, NM 88210**

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐Change in Transporter oil ☐Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Returned TA'd well to production.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name MRY	Well No. 1	Pool Name, including Direction Artesia (Qn-Grbg)	Kind of Lease State, Federal or Free	State	Lease No. 648
Location Unit Letter C : 660 Feet From The North 1980 Feet From The West Line of Section 4 Township 19S Range 28E , NMPM, Eddy County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co.-Pipeline Div.	Address (Give address to which approval copy of this form is to be sent) Box 159, No. Freeman, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approval copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 4	Twp. 19S	Range 28E	Is gas naturally connected? No	When

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	Side Track	Side Res'ty.	Diff. Res'ty.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		H.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be over 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
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

(Signature)
Production Supt.
(Title)
4/7/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 11 1977**
BY
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.