

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-111
Effective 1-1-65

RECEIVED

SEP 24 1975

SAITAFE	
FILE	
G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator
Yates Petroleum Corporation ✓
Address
207 South 4th Street-Artesia, NM 88210
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 11-17-75
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINED
B.G.C.
ARTESIA, OFFICE

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "CW"	Well No. 1	Pool Name, including Formation Draw- YesoS.A.	Kind of Lease NM-439491	Lease No.
Location Unit Letter N ; 1830 Feet From The West Line and 720 Feet From The South Line of Section 1 Township 19S Range 24E , NMPM, Eddy County			State, Federal or Fee Federal	

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 Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) No. Freman Ave- Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Yates Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 207 So.4th St - Artesia, NM 88210					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 1	Twp. 19S	Rge. 24E	Is gas actually connected? No	When Approx. in 10 days

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v.	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded 9-28-74	Date Compl. Ready to Prod. 9-17-75		Total Depth 9321'		P.B.T.D. 5347' Abn; 2981' Yeso			
Elevations (DF, RKB, RT, GR, etc.) 3676' GR	Name of Producing Formation Yeso		Top Oil/Gas Pay 2266'		Tubing Depth 2207'			
Perforations 2972-2266'					Depth Casing Shoe 3040'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17½"	13-3/8"		209'		100 sacks			
12¼"	9-5/8"		891'		650 sacks			
8-3/4"	5½"		3040'		400 sacks			

V. 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 9-17-75	Date of Test 9-20-75	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 160	Casing Pressure -	Choke Size 20/64"
Actual Prod. During Test 93.3	Oil-Bbls. 85.1	Water-Bbls. 8.2	Gas-MCF 380

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.



Eddie M. Mahfood

(Title)

Engineer - 9-22-75

(Date)

OIL CONSERVATION COMMISSION

SEP 25 1975

APPROVED _____, 19

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.