

DISTRIBUTION		1	
SANTA FE		1	
FILE		1	V
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS		
OPERATOR		1	
PRODUCTION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Superseding Old C-103 and C-1
Effective 1-1-65

RECEIVED

APR 27 1977

Operator Yates Petroleum Corporation		O.C.C. ARTESIA OFFICE
Address 207 South 4th Street - Artesia, NM 88210		
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>		Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 6-6-77 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED Ex. 2-225
Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of ownership give name and address of previous owner E-5754 6-29-78		

DESCRIPTION OF WELL AND LEASE			
Lease Name Federal "HF"	Well No. 1	Pool Name, including Formation Wildcat San Andres	Kind of Lease NM 1530 State, Federal or Fee Federal
Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line of Section 10 Township 19S Range 27E, NMPM, Eddy County			

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. Freeman Ave - Artesia, NM 88210		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 10	Twp. 19S
			Pge. 27E
			Is gas actually connected? no
			When

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>
	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>
	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>	
Date Spudded 2-24-77	Date Compl. Ready to Prod. 4-6-77	Total Depth 3038'	P.B.T.D. 1896'
Elevations (DF, RKB, RT, GR, etc.) 3475' GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 1629'	Tubing Depth 1600'
Perforations 1629-53'			Depth Casing Shoe 1896'

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8-5/8"	349'	250
7-7/8"	5 1/2"	1896'	115
	2-3/8"	1600'	

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 4-6-77	Date of Test 4-24-77	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size POSTER
Actual Prod. During Test 15.0	Oil-Bbls. 14.0	Water-Bbls. 1	Gas-MCF TSTM book

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 COMMISSION	
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.		APR 29 1977	
Christine Tomlinson (Signature) Christine Tomlinson - Geol. Secty (Title) 4-26-77 (Date)		APPROVED BY W. A. Gressett 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.	