

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

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PRODUCTION OFFICE	

RECEIVED BY  
JUN 26 1985  
O. C. D.  
ARTESIA

P. O. BOX 2000  
SANTA FE, NEW MEXICO 87501  
REQUEST FOR ALLOWABLE  
AND  
ARTESIA AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR  
Yates Petroleum Corporation  
Address  
207 South 4th, 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)  
For month of June, 1985  
Request permission to sell approximately  
140 bbl condensate testing well.  
Strawn 10,814-10,822  
If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Benson Deep Unit Well No. 5 Pool Name, including Formation Undes. Strawn Kind of Lease NM-8673  
State, Federal or Fee Federal  
Location  
Unit Letter H : 1830 Feet From The North Line and 660 Feet From The East  
Line of Section 4 Township 19S Range 30E, NMPLM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☒  
Navajo Refining Co. Address (Give address to which approved copy of this form is to be sent)  
PO Box 159, Artesia, NM 88210  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
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 H Sec. 4 Twp. 19s Rge. 30e Is gas actually connected? NO When

IV. COMPLETION DATA  
Designate Type of Completion - (X)  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
Perforations 10814-10822' 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 after recovery of total volume of load oil and must be equal to or exceed top oil  
able 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 (pilot, 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  
Division have been complied with and that the information given  
above is true and complete to the best of my knowledge and belief.  
Production Supervisor  
(Signature)  
6-25-85  
(Date)

OIL CONSERVATION DIVISION  
JUN 27 1985  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
Original Signed By  
BY Les A. Clements  
TITLE Supervisor District II  
This form is to be filed in compliance with RULE 110.  
If this is a request for allowable for a newly drilled or deep  
well, this form must be accompanied by a tabulation of the dev  
tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for al  
able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of ov  
well name or number, or transporter, or other such change of condi  
Separate Form C-104 must be filled for each pool in mul  
comulated wells.