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BY	
UNIT	
TRANSPORTER	
OPERATION	
PERMISSION OFFICE	

RECEIVED BY

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

FEB 25 1985

O. C. D.

REQUEST FOR ALLOWABLE
AND

ARTESIAN INFORMATION TO TRANSPORT OIL AND NATURAL GAS

Harvey E. Yates Company ✓

Address

P. O. Box 1933, Roswell, New Mexico 88201

Reason(s) for Filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☒
Casinghead Gas ☐

Dry Gas ☐
Condensate ☐

Other (Please explain)

Effective March 1, 1985

In change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Yates A Federal	Well No. 1	Pool Name, including Formation East Burton Blats Delaware	Kind of Lease State, Federal or Fee Fed. NM	Lease 0367
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Location

Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The WestLine of Section 21 Township 20S Range 29E , NMMA Eddy Co

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent, P. O. Box 159, Artesia, New Mexico 88210
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Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent,
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Does well produce oil or liquids, give location of tanks.	Unit F	Sec. 21	Twp. 20S	Rge. 29E	Is gas actually connected? No	When
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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 as prev. Diff.
Date Spudded	Date Compl. Ready to Prod.			Total Depth		P.U.T.D.	
Perforations (DF, KAB, RT, CH, etc.)	Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth	
Perforations						Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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
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/MCF	Gravity of Condensate
Testing Method (flow, 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
Division have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.

(Signature)

Drilling Superintendent

(Title)

February 21, 1985

(Date)

OIL CONSERVATION DIVISION

FEB 26 1984

APPROVED _____, 19

Original Signed By

BY Letha A. Clements

Supervisor District II

TITLE _____

This form is to be filed in compliance with RULE 1101.

If this is a request for allowable for a newly drilled or des
well, this form must be accompanied by a tabulation of the des
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for
wells 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 conSeparate forms C-104 must be filed for each pool in m
completed wells.