

DISTRIBUTION	
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FILE	/
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	/
PRODUCTION OFFICE	

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

Form C-104  
Supersedes Old C-101 and C-11  
Effective 1-1-65

RECEIVED

DEC 21 1976

Operator Yates Petroleum Corporation	
Address 207 South Fourth Street - Artesia, NM 88210	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of Oil <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Add LT AND Add RT FPG	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Arco "EI" Federal	Well No. 1	Pool Name, including Formation Burlington Flat Wadcat (Morrow)	Kind of Lease NM - 0489599 State, Federal or Fee Federal	Lease No.
Location				
Unit Letter I ; 2310 Feet From The South Line and 660 Feet From The East				
Line of Section 13 Township 21S Range 26E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	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) P.O. Box 1384 - Jal, NM 88252	
If well produces oil or liquids, give location of tanks.	Unit I Sec. 13 Twp. 21S Rge. 26E	Is gas actually connected? Yes When 12-14-76

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" 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 7-28-75	Date Compl. Ready to Prod. 10-17-75		Total Depth 11554'		P.B.T.D. 11536'			
Elevations (DR, RKB, RT, GR, etc.) 3220' GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 11134'		Tubing Depth 11100'			
Perforations 11134-11142'					Depth Casing Shoe 11536'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8"		525'		700			
12 1/2"	8-5/8"		2700'		1400			
7-7/8"	5 1/2"		11536'		235			
	2-3/8"		11100'					

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	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 4000	Length of Test 24 hours	Bbls. Condensate/MMCF None	Gravity of Condensate 12.20-46
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 3540	Casing Pressure (shut-in) packer	Choke Size 1/2"

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.

*Christine Tomlinson*  
(Signature)

Geological Secretary

(Title)

12-20-76

(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 21 1976

BY *W. A. Gressitt*

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.