| | NO. 67 COPIES SECULORS 5 | | | | | |
|-------------|--|---|---|----------------------------|---|---------------------------------------|
| | SAUTA PE / | NEW MEXICO OIL CONSERVATION COMPOSION REQUEST FOR ALLOWABLE AND | | | Point C-104 Supersedes Old C-101 and C- Liffoctive 1-1-65 | |
| | LAND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GA | | | | RECEIVED | |
| | OPERATOR / | | | | AUG 16 19 | 978 |
| 1. | PRODATION OFFICE Operator | <u> </u> | | | a a a | |
| | Yates Petroleum Corporation | | | · | O. C. C. ARTESIA, OFFICE | |
| | 207 South 4th Street - Artesia, NM 88210 | | | | | |
| | Reason(s) for filing (Check proper box | | Other (Please e | xplain) | | |
| | Recompletion X Plug Ba | Change in Transporter of: CK Oil Dry Ga | . 🔲 | | | |
| | Change in Ownership | Casinghead Gas Conder | nsale 🗍 | | | |
| | If change of ownership give name and address of previous owner | | | | | |
| Ħ. | DESCRIPTION OF WELL AND | Well No.: Pool Name, Including F | tormo- ronn | | M 26822 | Lease No. |
| | Box Canyon GJ Fed.C | com 1 Und Upper P | erm - s | tate, Federal or Fee | Fed. | |
| | • | LO Feel From The South Lin | • and <u>1650</u> | Feet From The | East | |
| | 12 | waship 21S Range | 21Е , ММРМ, | Eddy | | County |
| 11. | DESIGNATION OF TRANSPORT | TER OF OIL AND NATURAL GA | .s | _ | | |
| | Name of Authorized Transporter of Oil | | Address (Give address to | | | |
| | Navajo Crude Purchasing Company No. Freeman Ave, Art | | | | | |
| | El Paso Natural Pipeline Company P. O. Box 1384. | | | 384. Jal. 1 | M 88252 | |
| | If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. P.ge. J 13 21S 21E | is gas actually connected? | When | 15-28 | |
| | If this production is commingled wit | th that from any other lease or pool, | | umber: | | |
| . V. | Designate Type of Completion | Oli Well Gas Well | New Well Workover | Deepen Plug | 4 | . Diit. Res' |
| | Dete Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.1 | X. | <u></u> |
| | 7-30-76 | 8-13-78 | 8585' | 1 | 6626' | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubir | g Depth | |
| | 4519 KB Perforations 5754-5841 Wood | Upper Penn | 5754 | Depth | 5725 Casing Shoe | · · · · · · · · · · · · · · · · · · · |
| | Perforations 5754-5841 Wolframs. 6206-6480 Cypper Pann. Depth Casing Shoo 5754-6480' 8450' | | | | | |
| | TUBING, CASING, AND CEMENTING RECORD | | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | 1722' | | SACKS CEMENT | |
| | 7-7/8* | 515" | 8450' | | 250 | |
| | | 2-3/8" | 5725' | | | |
| V. | TEST DATA AND REQUEST FOR ALLOWABLE OIL, WELL OIL Date of Test Date of Test | | | | | |
| | Date First New Oil Run To Tanks | Date of Test | Preducing Method (Flow, p | iump, gas tijt, etc.) H | N 1 | d |
| | Length of Test | Tubing Pressure | Casing Pressure | Chok | Size | 318 |
| | Actual Prod. During Tool | Oil-Bbla. | Water-Bbis. | Gae- | MCF 11 | A CONTRACTOR |
| • | GAS WELL | | | | | |
| 1 | Actual Frod, Test-MCF/C | Length of Test | Bbls. Condensate/MMCF | Gravi | ty of Condenacte | |
| | 230 Testing Method (pitot, sace pr.) | 24 hr Tubing Pressure (shuu-iu) | TSTM Cosing Pressure (Shut-1) | Char | • Size | |
| | Back Pressure | 1400 | Pkr | · . | 1/4" | |
| 7I. | 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. | | APPROVED NOV - 2 1978 19 19 | | | |
| | | | By Wa Dressett | | | |
| | | | • | | | |
| | Elduly breelyferd | | TITLE SUPERVISOR DISTRICT II | | | |
| | | | This form is to be filed in compliance with RULE 1104. If this is a request for silowable for a newly drilled or deepend | | | |
| - | (Signature) | | well, this form must be accompenied by a tabulation of the deviation | | | |

V - Eddie M. Mahfood

(Title)

(Dute)

8-16-78

71.

Engineer

If this is a request for allowable for a newly diffied or deepene well, this form must be accompenied by a tabulation of the deviationant taken on the well in accordance with nucle 111. All sections of this form must be filled out completely for allow shie on now and tecompleted walls.

Fill out only Sections I. B. III, and VI for changes of owner well name or number, or transporter, or other auch change of condition