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

Form C-104
Superseding Old C-104 and C-110
Effective 1-1-65

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FEB 21 1977

Operator Yates Petroleum Corporation	
Address 207 South 4th Street - Artesia, NM 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLOWED AFTER <u>4-1-77</u> UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of Oil <input type="checkbox"/>	
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 _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "GN"	Well No. 1	Pool Name, including Formation Delaware Sand	Kind of Lease NM 0466 State, Federal or Fee Fed.	Lease No.
Location Unit Letter <u>P</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>27</u> Township <u>21S</u> Range <u>28E</u> NMPM, <u>Eddy</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input 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)					
If well produces oil or liquids, give location of tanks.	Unit <u>P</u>	Sec. <u>27</u>	Twp. <u>21S</u>	Rge. <u>28E</u>	Is gas actually connected? No	When

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

III. 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"/>	Unit. Res'v. <input type="checkbox"/>
Date Spudded 11-16-76	Date Compl. Ready to Prod. 2-1-77		Total Depth 4800'		P.B.T.D. 3740'			
Elevations (DF, RKB, RT, GR, etc.) 3180.8'	Name of Producing Formation Delaware Sand		Top Oil/Gas Pay 3660'		Tubing Depth 3635'			
Perforations 3660-3687'					Depth Casing Shoe 3905'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8-5/8"		417'		200			
7-7/8"	5 1/2"		3947'		250			
			276'		3635			

IV. 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 2-1-77	Date of Test 2-17-77	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 49	Oil-Bbls. 14.0	Water-Bbls. 35.0	Gas-MCF 5.5

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

V. 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)
Geol. Secty-Christine Tomlinson
(Title)
2-19-77
(Date)

OIL CONSERVATION COMMISSION	
APPROVED	FEB 21 1977
BY	<u>W. A. Gressett</u>
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.	

Federal "GN" Field No. 1
Eddy County, New Mexico

INCLINATION REPORT

(One Copy Must Be Filled With Each Completion Report.)

1. FIELD NAME (as per RRC Records or Wildcat) U Indian Flats	2. LEASE NAME Federal "GN"	7. RRC Lease Number. (Oil completions only)
3. OPERATOR Yates Petroleum Corporation		8. Well Number 1
4. ADDRESS 207 South 4th Street		9. RRC Identification Number (Gas completions only)
5. LOCATION (Section, Block, and Survey) Section 27-21S-28E, Eddy County, New Mexico		10. County Eddy

RECORD OF INCLINATION

11. Measured Depth (feet)	12. Course Length (Hundreds of feet)	13. Angle of Inclination (Degrees)	14. Displacement per Hundred Feet (Sine of Angle X100)	15. Course Displacement (feet)	16. Accumulative Displacement (feet)
1117	11.17	1/2	.44	1.22	1.22
900	4.82	1/2	.87	4.20	6.02
1400	5.00	3/4	1.21	6.55	12.57
1284	4.84	1 1/4	3.05	14.76	27.34
2227	4.02	2 3/4	4.80	19.50	46.84
2702	4.17	2 1/2	4.55	18.77	65.61
3174	4.90	2 1/2	4.35	20.47	86.08
3650	4.76	2 1/4	3.47	16.61	101.96
3910	2.60	1	1.75	4.55	106.51
4127	2.77	1	1.75	4.84	111.35
4666	4.73	1 1/2	2.16	10.34	121.69
4800	4.80	1 1/2	2.16	2.87	124.57
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If additional space is needed, use the reverse side of this form.

17. Is any information shown on the reverse side of this form? ☐ yes ☒ no
18. Accumulative total displacement of well bore at total depth of 4800 feet = 124.57 feet.
19. Inclination measurements were made in - ☐ Tubing ☐ Casing ☐ Open hole ☒ Drill Pipe
20. Distance from surface location of well to the nearest lease line _____ feet.
21. Minimum distance to lease line as prescribed by field rules _____ feet.
22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? No
- (If the answer to the above question is "yes", attach written explanation of the circumstances.)

INCLINATION DATA CERTIFICATION I declare under penalties prescribed in Article 6036c, R.C.S., that I am authorized to make this certification, that I have personal knowledge of the inclination data and facts placed on both sides of this form and that such data and facts are true, correct, and complete to the best of my knowledge. This certification covers all data as indicated by asterisks (*) by the item numbers on this form.	OPERATOR CERTIFICATION I declare under penalties prescribed in Article 6036c, R.C.S., that I am authorized to make this certification, that I have personal knowledge of all information presented in this report, and that all data presented on both sides of this form are true, correct, and complete to the best of my knowledge. This certification covers all data and information presented herein except inclination data as indicated by asterisks (*) by the item numbers on this form.
Signature of Authorized Representative <u>James W. [Signature]</u> Name of Person and Title (type or print) <u>Lead Drilling</u> Name of Company <u>Yates Petroleum</u> Telephone: <u>715</u> <u>322-5215</u> Area Code	Signature of Authorized Representative Name of Person and Title (type or print) Operator Telephone: _____ Area Code

Railroad Commission Use Only:

Approved By: _____ Title: _____ Date: _____

* Designates items certified by company that conducted the inclination surveys.