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TRANSPORTER	OIL / GAS /
OPERATOR	/
PROBATION 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

OCT 5 1978

Operator Yates Petroleum Corporation - ✓	
Address 207 South 4th Street - Artesia, NM 88210	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of <input type="checkbox"/>
Recompletion <input checked="" 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)	

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name MWJ State GW Com	Well No. 1	Pool Name, Including Formation <i>Wolfcamp</i>	Kind of Lease State, <i>1/4</i> Sec, <i>1/4</i> Cor, <i>1/4</i> Fee	Lease No. K-6853
Location Unit Letter <i>K</i> ; <i>1980</i> Feet From The <i>South</i> Line and <i>1980</i> Feet From The <i>West</i> Line of Section <i>36</i> Township <i>20S</i> Range <i>27E</i> , NMPM, <i>Eddy</i> County				

II. 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 checked="" 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>K</i>	Sec. <i>36</i>	Twp. <i>20S</i>	Rge. <i>27E</i>	Is gas actually connected? <i>Yes</i>	When <i>10-5-78</i>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			<i>X</i>				<i>X</i>		<i>X</i>
Date Spudded <i>11-12-76</i>	Date Compl. Ready to Prod. <i>9-22-78</i>	Total Depth <i>11400</i>		P.B.T.D. <i>9956'</i>					
Elevations (DF, RKB, RT, GR, etc.) <i>3263' KB</i>	Name of Producing Formation <i>Wolfcamp</i>	Top Oil/Gas Pay <i>9640'</i>		Tubing Depth <i>9540'</i>					
Perforations <i>9640-9664'</i>		Depth Casing Shoe <i>10330</i>							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
<i>17 1/2"</i>	<i>13-3/8"</i>	<i>500'</i>		<i>200</i>					
<i>12 1/4"</i>	<i>8-5/8"</i>	<i>2400'</i>		<i>1300</i>					
<i>7-7/8"</i>	<i>4 1/2"</i>	<i>10330'</i>		<i>300</i>					
	<i>2-7/8"</i>	<i>9540'</i>		<i>Pkr</i>					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <i>1 1/2"</i>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D <i>200</i>	Length of Test <i>10 hrs</i>	Bbls. Condensate/MMCF <i>-</i>	Gravity of Condensate <i>-</i>
Testing Method (pilot, back pr.) <i>Back Pressure</i>	Tubing Pressure (shut-in) <i>1980#</i>	Casing Pressure (Shut-in) <i>Pkr.</i>	Choke Size <i>16/64"</i>

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.

Eddie M. Mahfood
(Signature)
Eddie M. Mahfood - Engineer

(Title)
10-4-78
(Date)

OIL CONSERVATION COMMISSION

OCT 12 1978

APPROVED _____, 19____
BY *W.A. Gressett*
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.

RECEIVED

OCT 11 1978

O. C. C.

ARTESIA, OFFICE

DATE October 9, 1978

cc: Operator
Oil Conservation Commission - Santa Fe
H. P. Logan
T. J. Crutchfield
Proration
File