DISTRIBUTION		
SANTA FE	✓	
FILE	✓	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER OIL	✓	
TRANSPORTER GAS	✓	✓
OPERATOR	✓	
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED BY
APR 1 1985
O. C. D.
ARTESIA, OFFICE

Operator
Yates Oil Corp. ✓

Address
P.O. Box 1091, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well		Change in Transporter of:	
Recompletion	X	Oil	Dry Gas
Change in Ownership		Casinghead Gas	Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Eddy "FV" State Com	2	Und. Upper Penn	State	K-6527

Location
Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West

Line of Section 25 Township 20S Range 27E NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Permian Corp.	Box 3119, Midland, TX 79701
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	Box 1492 El Paso, TX 79999

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	25	20	27	No Yes	4-4-85

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 Res'v.	Diff. Res'v.
		X				X		X

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3-6-85	3-13-85	11,425'	10,327'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3317' GL	Upper Penn	9932'	9881'
Perforations			**Depth Casing Shoe**
9932-44'			—

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
No New Csg			
	2 3/8"	9881'	

TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

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/MMCF	Gravity of Condensate
56	24 hrs	0	0
Testing Method (Pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Flow	750#	0	64/64

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.

R L Pitre
(Signature)
ART-A ENGINEER
(Title)
3-29-85
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 10 1985, 19

BY Original Signed By Les A. Clements

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.