

DISTRIBUTION			
SANTA FE	/		
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-1
Effective 1-1-65

RECEIVED

OCT 31 1977

Operator Yates Petroleum Corporation		ARTESIA, OFFICE		
Address 207 South 4th Street - Artesia, NM 88210				
Reason(s) for filing (Check proper box)		Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of Oil <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER 12-17-77 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED 4-2-258 Expires 4-23-78 4-2-268		
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"/>

If change of ownership give name and address of previous owner
5-1-79 R-5987
Butler Flex Delaware, 4-2-268

Lease Name Stonewall EP State	Well No. 3	Pool Name, including Formation Wildcat (Delaware)	Kind of Lease State, Federal or Fee State	Lease No. K-5115
Location Unit Letter N ; 545 Feet From The South Line and 1960 Feet From The West Line of Section 19 Township 20S Range 28E , NMPM, Eddy County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Company		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 N	Sec. 19	Twp. 20S	Rge. 28E
				Is gas actually connected? No
				When

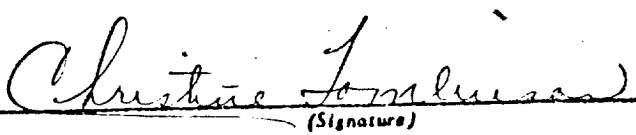
If this production is commingled with that from any other lease or pool, give commingling order number:

II. 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'ty. <input type="checkbox"/> Diff. Res'ty. <input type="checkbox"/>				
Date Spudded 8-3-77	Date Compl. Ready to Prod. 10-17-77	Total Depth 4800'	P.B.T.D. 4456'	
Elevations (DF, RKB, RT, GR, etc.) 3300' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 4369'	Tubing Depth 4330'	
Perforations 4369-4399'			Depth Casing Shoe 4797'	
TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
17 1/2"	13-3/8"	512'	450	
12 1/4"	8-5/8"	2900'	1640	
7-7/8"	5 1/2"	4797'	240	
	2-3/8"	4330		

III. 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 10-17-77	Date of Test 10-29-77	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 26	Oil-Bbls. 26	Water-Bbls. 0	Gas-MCF 30

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

IV. 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.	
 (Signature) Christine Tomlinson-Geol. Secty (Title) 10-31-77 (Date)	

OIL CONSERVATION COMMISSION OCT 31 1977	
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.	