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TRANSPORTER	OIL <input checked="" type="checkbox"/>
	GAS <input checked="" type="checkbox"/>
OPERATOR	
PRORATION OFFICE	

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

RECEIVED BY
Supersedes Old C-104 and C-110
Effective 1-1-63
JUL 30 1984
O. C. D.
ARTESIA, OFFICE

Operator Yates Petroleum Corporation	
Address 207 South 4th St., Artesia, NM 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/> Re-entry <input checked="" type="checkbox"/> Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>9-16-84</u> UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED
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	

DESCRIPTION OF WELL AND LEASE R-1708 10-25-84			
Lease Name Big Eddy Unit	Well No. 79-Y	Pool Name, including Formation Wildcat Delaware	Kind of Lease State, Federal or Free Federal
Location		Lease No. NM 0486	
Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1930</u> Feet From The <u>East</u>			
Line of Section <u>21</u> Township <u>21S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County			

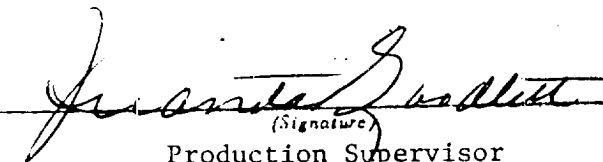
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Navajo Crude Oil Purchasing Co.</u>	<u>P.O. Box 159, Artesia, NM 88210</u>
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 Sec. Twp. Rge. Is gas actually connected? When
	<u>J</u> <u>21</u> <u>21s</u> <u>28e</u> <u>NO</u>

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.
<u>Re-entry</u>		<u>X</u>		<u>X</u>					
Date Spudded <u>6-19-84</u>	Date Compl. Ready to Prod. <u>7-25-84</u>	Total Depth <u>12377'</u>		P.B.T.D. <u>6447'</u>					
Elevations (DE, RKS, RT, GR, etc.) <u>3238.6' KB</u>	Name of Producing Formation <u>Delaware</u>	Top Oil/Gas Pay <u>3869'</u>		Tubing Depth <u>5006'</u>					
Perforations <u>3869-5805'</u>		Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17-1/2"</u>	<u>13-3/8"</u>	<u>1000'</u>	<u>800</u>
<u>12-1/4"</u>	<u>8-5/8"</u>	<u>2939'</u>	<u>1107</u>
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>6508'</u>	<u>720</u>
	<u>2-7/8"</u>	<u>5006'</u>	

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 <u>7-23-84</u>	Date of Test <u>7-25-84</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>25#</u>	Casing Pressure <u>25#</u>	Choke Size <u>Open</u>
Actual Prod. During Test <u>76</u>	Oil-Bbls. <u>52</u>	Water-Bbls. <u>24</u>	Gas-MCF <u>35</u>

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

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 <u>AUG 17 1984</u> , 19	
 (Signature) Production Supervisor		BY <u>Original Signed By</u> <u>Leslie A. Clements</u> TITLE <u>Supervisor District II</u>	
7-26-84 (Date)		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 deviate tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all wells on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of const.	