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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
RECEIVED BY AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
AUG 9 1984  
O. C. D.  
ARTESIA, OFFICE

Form C-104  
Supersedes Old C-104 and C-111  
Effective 1-1-65

Operator  
Yates Petroleum Corporation ✓  
Address  
207 South 4th St., Artesia, NM 88210  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 10-22-84  
UNLESS AN EXCEPTION TO:  
RULE 306 IS OBTAINED ✓  
If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Stonewall WM State	Well No. 2	Pool Name, Including Formation Undes. Bone Springs	Kind of Lease State, Federal or Fee State	Lease No. K-6854
Location Unit Letter P ; 480 Feet From The South Line and 990 Feet From The East Line of Section 30 Township 20S Range 28E , NMPM, Eddy County				

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 Co.	Address (Give address to which approved copy of this form is to be sent) Box 159, 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 0	Sec. 30	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:

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'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 9-30-83	Date Compl. Ready to Prod. 8-7-84		Total Depth 5450'		P.B.T.D. 5216'			
Elevations (DF, RKB, RT, GR, etc.) 3243' GR	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 4960		Tubing Depth 4931'			
Perforations Open Hole (256') 4460-5216					Depth Casing Shoe 4960'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	546'	550
12-1/4"	8-5/8"	2410'	1050
7-7/8"	5-1/2"	4960'	750
	2-7/8"	4931'	

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 7-28-84	Date of Test 8-7-84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 70	Casing Pressure Pkr	Choke Size 18/64"
Actual Prod. During Test 42.5	Oil-Bble. 3.54	Water-Bble. 39	Gas-MCF 57

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

*Luanna Goodlett*  
(Signature)  
Production Supervisor  
(Title)  
8-8-84  
(Date)

OIL CONSERVATION COMMISSION

AUG 22 1984

APPROVED \_\_\_\_\_, 19

Original Signed By

BY Leslie A. Clements

SUPervisor District II

TITLE \_\_\_\_\_  
This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviator 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 conditions.