

APPROPRIATE AGENCY	
DEPARTMENT	
SECTION	
FILE	
U.S.O.I.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	
REGISTRAR	

RECEIVED BY OIL CONSERVATION DIVISION

P. O. BOX 2088

OCT 13 1983 ARTESIA, NEW MEXICO 87501

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Yates Petroleum Corporation

Address 207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well	☒	Change in Transporter of:		Other (Please explain)
Recompletion	☐	Oil	☐	Request test allowable - 2000 barrels.
Change in Ownership	☐	Casinghead Gas	☐	Perforations: 3668-71; 3620-24'
		Dry Gas	☐	
		Condensate	☐	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Foot Name, Including Formation	Kind of Lease	Lease No.
Stonewall WM State	4	Und. Avalon Delaware	State, Federal or Fee State	K-6854
Location				
Unit Letter	M	330	Feet From The South	Line and 990
Feet From The			West	
Time of Section	30	Township	20S	Range 28E
			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)
Navajo Crude Oil Purchasing Co.	P.O. Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tests.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	0.	30	20s	28e	No	

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 as Test, Left
Date Spudded	Date Compl. ready to Prod.		Total Depth		P.B.T.D.		
Elevations (DE, RAB, ET, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations					Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 of

Date First New Oil Run To Tank	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/MCF	Gravity of Condensate
Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Production Supervisor

10-13-83

(Date)

OIL CONSERVATION DIVISION

APPROVED Original Signed By OCT 13 1983
Leslie A. Clements
BY Supervisor District II

TITLE

This form is to be filed in compliance with RULE 100.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 101.

All sections of this form must be filled out completely for wells able 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.

Separate Form C-104 must be filed for each pool in multiple completed wells.