

TO: BY OFFICE RECEIVED		
DISSEMINATION		
SANTA FE		✓
FILE		✓
U.S.G.S.		
LAND OFFICE		
TRANSFER IN	OIL	✓
	GAS	✓
OPERATOR		✓
PRODUCTION OFFICE		
ORIGINAL		

OIL CONSERVATION DIVISION RECEIVED BY

P. O. BOX 2088

SANTA FE, NEW MEXICO 89801

REQUEST FOR ALLOWABLE
AND ARTESIA, OFFICE

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:

Recompletion ☐

C11 ☐

Dry CUB ☐

Change in Ownership: ☐

Casinghead Gas

Condensate ☐

Other (Please explain)

Gas connection.

(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	Lease
Stonewall EP State	5	Avalon Delaware	State, Federal or Fee	State K-5115

Locules

Unit Letter E 2310 Feet From The North Line and 990 Feet From The West

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 ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Co. Box 159, Artesia, NM 88210

Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Co.	Station X, Bartlesville, OK 74004

If well produces oil or liquids, give location of tanks.	Unit E	Sec. 30	Twp. 20s	Rge. 28e	Is gas actually connected? Yes	When 5-1-84
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If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Hole	Drill. Re-
Date Spudded	Date Compl. Ready to Prod.	Total Depth					P.B.T.D.		
Elevations (DE, RKB, RT, 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 allowable for this depth or be for full 24 hours)

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
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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.

OIL CONSERVATION DIVISION

APPROVED MAY 04 1984, 19

Original Signed By
BY Lodie A. Clements
Supervisor District II

TITLE superior District II

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 deviating 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. Separate Forms C-104 must be filed for each pool in multiple.