

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78

RECEIVED BY

MAY 3 1 1984

O. C. D.
ARTESIA, OFFICEREQUEST 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 ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Request permission to sell approximately
210 bbls condensate testing well May 1984
Perfs - 10578-92' StrawnIf change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Slinkard UR Federal	Well No. 2	Pool Name, Including Formation East Burton Flat Strawn	Kind of Lease State, Federal or Fee Federal	Lease No. NM 15881
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Location

Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The WestLine of Section 11 Township 20 S Range 29E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒

Navajo Crude Oil Purchasing Co.

Address (Give address to which approved copy of this form is to be sent)

Box 175, 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 tanks.Unit Sec. Twp. Rge.
FRAC TANK

Is gas actually connected?

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
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Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, 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 (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)

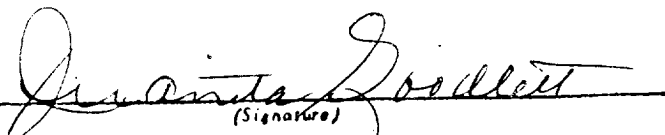
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (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.


(Signature)

Production Supervisor

(Title)

5-30-84

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 3 1 1984, 19

Original Signed By

BY Leslie A. Clements

Supervisor, District II

TITLE

This form is to be filed in compliance with RULE 110.

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.