

## OIL CONSERVATION DIVISION

|                        |                                     |
|------------------------|-------------------------------------|
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| DISTRICT OFFICE        |                                     |
| SANTA FE               | <input checked="" type="checkbox"/> |
| FILE                   | <input checked="" type="checkbox"/> |
| U.S.D.                 |                                     |
| LAND OFFICE            |                                     |
| TRANSPORTER            | <input checked="" type="checkbox"/> |
| OIL                    | <input checked="" type="checkbox"/> |
| GAS                    | <input checked="" type="checkbox"/> |
| OPERATOR               |                                     |
| REGISTRATION OFFICE    |                                     |
| Operator               |                                     |

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FEB 27 1986

REQUEST FOR ALLOWABLE  
ANDO. C. D.  
ARTESIA, NM  
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 ☐Dry Gas ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

JFG Enterprise, PO Box 100, Artesia, NM 88210

## II. DESCRIPTION OF WELL AND LEASE

|                     |          |                                |   |                              |
|---------------------|----------|--------------------------------|---|------------------------------|
| Lease Name          | Well No. | Pool Name, including Formation | Kind of Lease                             | Lease No.                    |
| Loafer Draw Federal | 1        | Loafer Draw Ind. Marrow        | NM-28145<br>State, Federal or Fee Federal |                              |
| Location            |          |                                |   |                              |
| Unit Letter         | B        | 925 Feet From The              | North Line and 2224                       | Feet From The East           |
| Line of Section     | 28       | Township                       | 21S                                       | Range 22E, NMPM, Eddy County |

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |      |      |      |                            |         |
|---|--|------|------|------|----------------------------|---------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |         |
| 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) |      |      |      |                            |         |
| El Paso Gas Marketing Co.   | PO Box 1492, El Paso, TX 79978   |      |      |      |                            |         |
| If well produces oil or liquids,<br>give location of tanks.   | Unit   | Sec. | Twp. | Rge. | Is gas actually connected? | When    |
|   |  |      |      |      | Yes                        | 2-19-86 |

If this production is commingled with that from any other lease or pool, give commingling order number:

## IV. COMPLETION DATA

|                                      |                             |          |                 |          |                   |           |            |             |
|--------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|------------|-------------|
| Designate Type of Completion - (X)   | Oil Well                    | Gas Well | New Well        | Workover | Deepen            | Plug Back | Same Resv. | Diff. Resv. |
| Date Spudded                         | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |            |             |
| Elevations (DF, RAK, RT, CR, 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      |           |            |             |
|                                      |                             |          |                 |          | Post IO-3         |           |            |             |
|                                      |                             |          |                 |          | 3-7-86            |           |            |             |
|                                      |                             |          |                 |          | Chg Op            |           |            |             |

## V. 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)

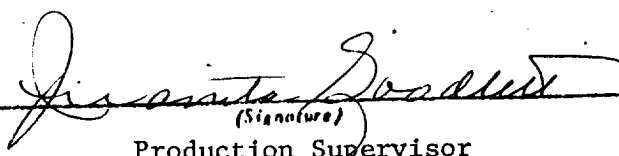
|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | 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 (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size            |

## VI. 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)

2-24-86

(Date)

## OIL CONSERVATION DIVISION

APPROVED FEB 28 1986, 19

BY Original Signed By  
Mike Williams

TITLE Oil &amp; Gas Inspector

This form is to be filed in compliance with RULE 11.1.

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 11.1.

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.

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