STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED BY
JUL 12 1985
O. C. D.
ARTESIA, OFFICE

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FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER: OIL	
TRANSPORTER: GAS	
OPERATOR	
PRORATION OFFICE	

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Yates Petroleum Corporation

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

Reason(s) for filing (Check proper box)
- New Well [XX]
- Recompletion [ ]
- Change in Ownership [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain)
CASINGHEAD GAS MUST NOT BE FLARED AFTER 8-23-85 UNLESS EXCEPTION FROM NMOCD IS OBTAINED

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Big Eddy Unit	109-Y	~~Undes.~~ Delaware	State, Federal or Fee: Federal	

Location
Unit Letter O ; 980 Feet From The South Line and ~~1980~~ 1650 Feet From The East

Line of Section 21 Township 21S Range 28E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: Navajo Refining Co.
Address (Give address to which approved copy of this form is to be sent): PO 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 tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	21	21s	28e	No	

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 Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3-13-85	7-2-85	6037'	5987'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
5987' GR	Delaware	3552'	5720'
Perforations			**Depth Casing Shoe**
3552-5951'			6037'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½"	13-3/8"	925'	575
12¼"	8-5/8"	2555'	1440
7-7/8"	5-1/2"	6037'	465
	2-7/8"	5720'	Post ID-2 7-26-85 Comp + BK

V. 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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5-15-85	7-2-85	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs	–	–	Open
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
294	29	265	7

GAS WELL

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

Juanita Goodlett
(Signature)
Production Supervisor
(Title)
7-9-85
(Date)

OIL CONSERVATION DIVISION
APPROVED JUL 23 1985, 19____
BY Original Signed By Mike Williams
TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the devia tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for al able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condi

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