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Form C-104  
JUL 10 1985  
O. C. D.  
ARTESIA, OFFICE

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SANTA FE	<input checked="" type="checkbox"/>
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LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATION	
PRODUCTION OFFICE	
Operator	

REQUEST FOR ALLOWABLE  
AID  
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	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	Effective July 1, 1985
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Well is pumping
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

II. **DESCRIPTION OF WELL AND LEASE**

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	LC 028936-g	Lease State, Federal or Fee	Federal			
Brigham	5	Loco Hills-Q-G-SA							
Location	Unit Letter	I	1320	Feet From The	South	Line and	990	Feet From The	East
Line of Section	31	Township	17s	Range	30e	NMPH,	Eddy		

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

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/>	or Condensate	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Navajo Refining Co.				P.O. Box 159, Artesia, NM 88210		
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)		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	31	17	30	NO	

IV. **COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rec'v.	Diff.
(X)	X							
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RAH, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

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 total volume for this depth or be for full 24 hours)

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

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

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  
JUL 12 1985

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_  
ORIGINAL SIGNED  
BY LARRY BROOKS  
GEOLOGIST - NMCD

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1000.  
If this is a request for allowable for a newly drilled or drilled well, this form must be accompanied by a tabulation of the data tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of data. This form must be filed for each pool in a well.