

DISTRIBUTION	
AREA OFFICE	<input checked="" type="checkbox"/>
FIELD	<input checked="" type="checkbox"/>
REG. S.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/>
PRODUCER	<input type="checkbox"/>
REGISTRATION OFFICE	<input type="checkbox"/>

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
 JUL 23 1980
 O. C. D.
 ARTESIA, OFFICE

Yates Petroleum Corporation

207 South 4th Street - Artesia, NM 88210

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Completion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

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 No.
Brush Hills-Yeso JE St.	5	Penasco Draw SA Yeso (Assoc)	State, Federal or Fee	State L-6287

Location

Unit Letter G : 2310 Feet From The North Line and 1650 Feet From The East

Line of Section 12 Township 19S Range 24E , NMPM, Eddy County

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 Crude Oil Purchasing Company	No. Freeman Ave. 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)
Yates Petroleum Corporation	207 South 4th -Artesia, NM 88210

Well produces oil or liquids, give location of tanks. Unit F Sec. 12 Twp. 19S Rge. 24E Is gas actually connected? Yes When 7-10-80

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 Fract.	Drill Re-
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5-16-80	7-10-80	3100'	3080'
Perforations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3591' GR	Yeso	2409'	2389'
Perforations	2409-2632'		Depth Casing Shoe
			3080'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	10-3/4"	370'	375'
9 1/2"	7"	925'	985'
6 1/4"	4 1/2"	3080'	375'
	2-3/8"	2389'	

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 of well)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7-10-80	7-13-80	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	20#	20#	2"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
13	7	6	22

GAS WELL

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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Christine Tomlinson
 (Signature)
 Christine Tomlinson-Geol. Secty.
 (Title)
 7-23-80
 (Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 28 1980, 19

BY M. Williams

TITLE OIL AND 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 deep well, this form must be accompanied by a tabulation of the depth 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 condition.