

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-77

RECEIVED

JUL 10 1981

O. C. D.
ARTESIA OFFICE

REQUEST 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 ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

"WELL NAME CORRECTION"

Addition of "HX" letter designation

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name McConkey "HX"	Well No. 1	Pool Name, Including Formation Abo	Kind of Lease State, Federal or Fee Fee
Location Unit Letter D : 660' Feet From The North Line and 660' Feet From The East West			
Line of Section 10 Township 9 Range 26, NMPM, Eddy Chaves Chaves			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Navajo Crude Oil Purchasing	Address (Give address to which approved copy of this form is to be sent) PO Box 159, Artesia, NM		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Transwestern Pipeline	Address (Give address to which approved copy of this form is to be sent) Box 2521, Houston, TX 77001		
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 10	Range 9S
			26E
	Is gas actually connected?		When 2-21-80

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	Some Other
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.R.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
OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed trip in
able 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 (piston, 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.

OIL CONSERVATION DIVISION

APPROVED JUL 13 1981
BY W. A. Gressitt
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with public rule.

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

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

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