

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78

RECEIVED BY

SEP 18 1984

O. C. D.
ARTESIA, OFFICEREQUEST 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 ☐
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

DESCRIPTION OF WELL AND LEASE

Lease Name: Skinny QO State Well No.: 5 Pool Name, Including Formation: Pecos Slope Abo Kind of Lease: State, Federal or Fee State Lease No.: LG-4333

Location

Unit Letter: P : 660 Feet From The South Line and 660 Feet From The East

Line of Section: 16 Township: 6S Range: 25E, NMPM, Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒

Navajo Crude Oil Purchasing Co.

Address (Give address to which approved copy of this form is to be sent)

Box 159, Artesia, NM 88210

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒

Yates Petroleum Corporation

Address (Give address to which approved copy of this form is to be sent)

207 South 4th St., Artesia, NM 88210

If well produces oil or liquids,
give location of tanks.

Unit: P Sec.: 16 Twp.: 6s Rge.: 25e

Is gas actually connected?

Yes

When

August 3, 1984

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

COMPLETION DATA

Designate Type of Completion - (X)

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RAB, 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

Post FD-3
9-21-84
LH GT

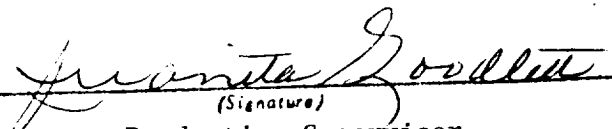
TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top oil
able for this depth or be for full 24 hours)

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 (pistol, 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.
(Signature)

Production Supervisor

(Title)

9-18-84

(Date)

OIL CONSERVATION DIVISION

SEP 20 1984

APPROVED

BY: ORIGINAL SIGNED
BY LARRY BROOKS
GEOLOGIST - NMOC

TITLE

This form is to be filed in compliance with RULE 111.
If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the deviating
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able 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.Separate Form C-104 must be filed for each pool in multiple
completed wells.