BTATE OF NEW MEXICO HGY AND MINERAUS DEPARTMENT	OIL CONSERVATION DIVISION		Form C-104 Revised 10-1-78	
	P. O. BC	ОХ 2088 W MEXICO 87501	RECEIVED	
	REQUEST FO	RALLOWABLE	JUL 2 6 <b>1982</b>	
TRANSPORTER ON OAS	^	ND PORT OIL AND NATURAL GAS	O. C. D.	
DPERATOR PRORATION OPPICE Operator			ARTESIA, OFFICE	
Yates Petroleu:	m Corporation			
	St., Artesia, NM 88210			
Reuson(s) for filing (Check proper box	) Change in Transporter of:	Other (Please explain)		
New Well A Recompletion Change in Ownership	Cil Dry Ge Casinghead Gas Conde			
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	LEASE			
Eureka UK State	Well No. Pool Name, Including F 1 Wildcat Abo	ormation Kind of Lec State, Føde	-	
Location D · 660	Feel From The North Lir	and 660 Feet From	n The West	
			IVes County	
	TER OF OIL AND NATURAL GA	S		
Nome of Authorized Transporter of Cli	or Condensate 🕅	Address (Give address to which app	roved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give ad		Box 159, Artesia, NM & Address (Give address to which app Box 2521, Houston, TX	roved copy of this form is to be sent)	
If well produces off or liquids, give location of tanks.	D 20 10s 26e	Is gas octually connected? Yes	when approx 8-10 wks	
f this production is commingled wit COMPLETION DATA	th that from any other lease or pool,			
Designate Type of Completic	on = (X) Oll Well Gas Well X	New Well Workover Deepen	Plug Book Same Resty. Dill. Hesty	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
6-3-82 Elevations (DF, RKB, RT, CR, etc.)	7-21-82 Name of Producing Formation	4800' Top Oll/Gas Pay	4741 Tubing Depth	
3776.5' Gr	Abo	4393'	4340 ' Depth Casing Shoe	
Perforations 4393-4630	ı			
	+·····································	CEMENTING RECORD	SACKS CEMENT	
HOLE SIZE 14-3/4"	CASING & TUBING SIZE	9421	800	
7-7/8"	4-1/2"	4800'	700	
	2-3/8"	4340'		
TEST DATA AND REQUEST FO	)RALLOWABLE (Test must be a	l fier recovery of total volume of load o	il and must be equal to or exceed top allow	
OIL WELL Date First New Oil Run To Tanks		pth or be for full 24 hours) Producing Method (Flow, pump, gas		
Length of Tust	Tubing Pressure	Casing Presewe	Choke Size	
Actual Prod. During Test	011- Bbla.	Water-Bble.	Gas+MCF	
		L		
GAS WELL	Levelb of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Teet-MCF/D 86	Longih of Tool 12 hrs			
Teeting Hethod (pitor, back pr.)	Tubing Presews (Shut-in )	Cosing Pressure ( Lhut-in )	Choxe Size	
Back Pressure	200	Packer	3/16"	
CERTIFICATE OF COMPLIANC	CE	OIL CONSERVA	ATION DIVISION	
hereby certify that the rules and to	egulations of the Oll Conservation	APPROVED	, 19	
livision have been complied with and that the information given bave is true and complete to the best of my knowledge and belief.		.DY		
Save 18 tille Bun Complete to the	,,			
Action La Do ratet		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened		
(Signature)		well, this is a request to scompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.		
Engineering Secretary		All anctions of this form must be filled out completely for allow-		
(Tule) 7-21-82		able on new and recompleted wells.		
(Date)		well name or number, or transporter, or other such change of condition.		
		Separate 1 orma C-104 mi completed wella.	ist he filed for each pool in multipi	