

SANTA FE		REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		Supersedes Old C-10 Effective 1-1-65	
FILE					
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL GAS				
OPERATOR					
PRODUCTION OFFICE					
Operator		O. C. C. ARTESIA, OFFICE			
Yates Petroleum Corporation					
Address 207 South 4th Street - Artesia, NM 88210					
Reason(s) for filing (Check proper box)				Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:			
Recompletion	<input type="checkbox"/>	Oil <input checked="" type="checkbox"/>		Dry Gas <input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>		Condensate <input type="checkbox"/>	
				From Soc	
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lessee Name		Well No.		Pool Name, including Formation	
J Lazy J		3		Eagle Creek S. A.	
Location		Kind of Lease		Lease No.	
Unit Letter G : 2310 Feet From The North Line and 1650 Feet From The East		State, Federal or Fee		Fee	
Line of Section 22		Township 17S		Range 25E, NMPL, 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 Street - Artesia, NM 88210			
If well produces oil or liquids, give location of tanks.		Unit	Sec.	Twp.	Rge.
		H	22	17S	25E
		Is gas actually connected?		When	
		Yes		2-28-73	
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
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.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 top allowable 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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION			
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.		APPROVED APR 4 - 1979			
		BY W. A. Gressett			
		TITLE SUPERVISOR, DISTRICT II			
Christine Tomlinson-Geol. Secty.		This form is to be filed in compliance with RULE 1104.			
3-30-79		If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 110.			
		All sections of this form must be filled out completely for allowable 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.			