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| OPERATOR | / |
| PROBATION OFFICE | |

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

Form C-104
Superseding Old C-104 and C-11
Effective 1-1-65

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MAR 28 1979

| | | |
|---|--|-----------------------------|
| Operator Yates Petroleum Corporation | | O. C. C. ARTESIA, OFFICE |
| 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: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |
| Recompletion <input type="checkbox"/> | | |
| Change in Ownership <input type="checkbox"/> | | |

If change of ownership give name
and address of previous owner

| | | | |
|--|---|---------------------------|-----------|
| DESCRIPTION OF WELL AND LEASE | | Kind of Lease | Lease No. |
| Lease Name Achen-Frey "DM" | Well No. 3 Pool Name, including Formation Eagle Creek San Andres | State, Federal or Fee Fee | |
| Location Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line of Section 13 Township 17S Range 25E, NMPL, Eddy County | | | |

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|---|--|--|-----------------|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | Address (Give address to which approved copy of this form is to be sent) | |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Company | No. Freeman Ave-Artesia, NM 88210 | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Yates Petroleum Corporation | Address (Give address to which approved copy of this form is to be sent) 207 So. 4th Street - Artesia, NM 88210 | | |
| If well produces oil or liquids, give location of tanks. | Unit I Sec. 14 Twp. 17S Rge. 25E | Is gas actually connected? yes | When 7-23-74 |

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

| | | | | | | | | | |
|--------------------------------------|-----------------------------|-------------------|----------|--------------|----------|--------|-----------|-------------|--------------|
| COMPLETION DATA | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Designate Type of Completion - (X) | | | | | | | | | |
| 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 | | | | | |
| | | | | | | | | | |
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|--|-----------------|---|------------|
| 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 | | Bbls. Condensate/MMCF | | Gravity of Condensate |
| Actual Prod. Test-MCF/D | Length of Test | Casing Pressure (Shut-in) | | Choke Size |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | | | |

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)
3-28-79
(Date)

OIL CONSERVATION COMMISSION
MAR 29 1979
APPROVED
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
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.