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J.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form O-104
Superseding Form O-101 and O-1
Effective 1-1-65

JAN 12 1979

I. Operator **G. 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 ☐ Change in Transporter of ☐ **Commingled production**
Recompletion ☐ Oil ☐ Dry Gas ☐ **from W. Atoka Morrow & Eagle Creek**
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ **Permo Penn - NMOCC Order # 5881**

If change of ownership give name and address of previous owner
West Atoka Morrow----- Gas - 11%---Condensate - 21%
Eagle Creek Permo Penn- Gas - 89%---Condensate - 79%

II. DESCRIPTION OF WELL AND LEASE
Lease Name **Powell "DG" Com** Well No. **1** Pool Name, Including Formation **W. Atoka Morrow and Eagle Creek Permo Penn.** Kind of Lease **State, Federal or Fee** **Fee** Lease No.
Location
Unit Letter **O** ; **660** Feet From The **South** Line and **1980** Feet From The **East**
Line of Section **35** Township **17S** Range **25E** , NMPM, **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒
Navajo Crude Oil Purchasing Company Address (Give address to which approved copy of this form is to be sent)
No. Freeman Ave. - Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
Transwestern Pipeline Company Address (Give address to which approved copy of this form is to be sent)
P. O. Box 2521- Houston, TX 77001
If well produces oil or liquids, give location of tanks. Unit **O** Sec. **35** Twp. **17S** Rge. **25E** Is gas actually connected? **Yes** When **1-12-79**

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

V. COMPLETION DATA
Designate Type of Completion - (X) ☐ Oil Well ☒ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Hole ☐ Dual Res't
Date Spudded **6-14-74** Date Compl. Ready to Prod. **8-22-74** Total Depth **8740'** P.B.T.D. **8561'**
Elevations (SF, RKB, RT, GR, etc.) **3490' GR** Name of Producing Formation **Morrow & Wolfcamp** Top Oil/Gas Pay **8365 Morrow** Tubing Depth **8312'**
Perforations **8365-8386' (Morrow) - 6539-6683' (Wolfcamp)** Depth Casing Shoe **8561'**
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE **17 1/2"** CASING & TUBING SIZE **13-3/8"** DEPTH SET **391'** SACKS CEMENT **250**
12 1/2" **8-5/8"** **1258'** **1100**
7-7/8" **4 1/2"** **8561'** **250**

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)
OIL WELL
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

VI. 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.
Eddie M. Mahfood (Signature)
Eddie M. Mahfood - Engineer
1-11-79 (Date)
OIL CONSERVATION COMMISSION
JAN 18 1979
APPROVED **W. A. Gressett**, 19____
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 deviated points 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 change of name, well name or number, or transporter, or other such change of condition.