

SA TAFE		
FILE		
G.S.		
LD OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

RECEIVED

NOV 5 1975

Operator Yates Petroleum Corporation ✓		O. C. C. ARTESIA, OFFICE	
Address 207 South 4th Street - Artesia, NM 88210			
Reason(s) for filing (Check proper box)			
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name J Lazy J	Well No. 11	Pool Name, Including Formation Eagle Creek S. A.	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter	G	2310	Feet From The	North	Line and 2310
			Feet From The	East	
Line of Section	22	Township	17S	Range	25E
			NMPM,	Eddy	County

III. 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)	
Scurlock Oil Company	1216 Vaughn Building-Midland, TX 79701	
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 So. 4th Street-Artesia, NM 88210	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 22
	Twp. 17S	Rge. 25E
	Is gas actually connected?	When
	Yes	11-1-75

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
	X		X					
Date Spudded 10-8-75	Date Compl. Ready to Prod. 11-1-75	Total Depth 1500'		P.B.T.D. 1461'				
Elevations (DF, RKB, RT, GR, etc.) 3533' GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 1323'		Tubing Depth 1395'				
Perforations 1323'-1418'				Depth Casing Shoe 1461'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
15"	10-3/4"	306'		250 sacks				
9 1/2"	7"	1159'		500 sacks				
6 1/2"	4-1/2&5-1/2"	1461'		150 sacks				
	2-3/8"	1395'						

V. 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 11-1-75	Date of Test 11-3-75	Producing Method (Flow, pump, gas lift, etc.) Pumping			
Length of Test 24	Tubing Pressure 40	Casing Pressure -	Choke Size -		
Actual Prod. During Test 58	Oil-Bbls. 44.0	Water-Bbls. 14 BLW	Gas-MCF 32.5		

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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

Eddie M. Mahfood-Engineer

(Title)

11-4-75

(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 5 1975
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.