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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

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

Form C-104
Supersedes Old C-101 and C-1
Effective 1-1-65

RECEIVED

JUN 30 1978

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"/> Re-entry <input type="checkbox"/> Change in Transporter oil <input type="checkbox"/> 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"/>		Other (Please explain) OLS #113

If change of ownership give name and address of previous owner

Lease Name Nix-Curtis "JF"		Well No. 1	Pool Name, including Formation Penasco Draw S. A.	Kind of Lease Fee	Lease No.
Location Unit Letter D ; 990 Feet From The North Line and 990 Feet From The West		Yeso			
Line of Section 32		Township 18S	Range 26E	NMPM, Eddy	County

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <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 South 4th Street-Artesia, NM 88210			
If well produces oil or liquids, give location of tanks. 0+5-1/3	Unit A	Sec. 32	Twp. 18S	Range 26E	Is gas actually connected? Yes
					When 6-23-78

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

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>	
Date Spudded CO - 5-18-78	Date Compl. Ready to Prod. 6-23-78	Total Depth OTD 9210 COTD 3300'			P.B.T.D. COPBTD 3202'					
Elevations (DF, RKB, RT, GR, etc.) 3429- KB, 3413'	Name of Producing Formation GR Yeso			Top Oil/Gas Pay 2685'			Tubing Depth 2600'			
Perforations 2685, 87, 90, 92, 94		3094, 97, 3100, 02, 05, 09, 10, 35, 37, 40, 43, 74, 77, 79, 87			Depth Casing Shoe 3202'					
2685-3186'		2192, 96								
TUBING, CASING, AND CEMENTING RECORD										
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
15"		10-3/4"		1975'		1226				
8-3/4"		5 1/2"		3202'		1535				
		2-7/8"		2600'						

Date First New Oil Run To Tanks 6-23-78		Date of Test 6-27-78		Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24		Tubing Pressure		Casing Pressure	
Actual Prod. During Test 43		Oil-Bbls. 33		Water-Bbls. 10	
				Gas-MCF 29.5	

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	

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-Geol. Secty
(Signature)
Christine Tomlinson-Geol. Secty
(Title)
6-29-78
(Date)

OIL CONSERVATION COMMISSION
JUN 30 1978

APPROVED _____, 1978
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 deviate 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 name, well name or number, or transporter, or other such change of condition.