

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

R E F E R E N C E

REGISTRATION OFFICE

Yates Drilling Company

207 So. 4th Street, Artesia, New Mexico 88210

Reason for filing (Check proper box)

Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate Change in Ownership

If change of ownership give name and address of previous owner: Gulf Oil Corporation, P.O. Drawer 2100, Houston, Texas

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Aggie "A" State	Well No.	1	Pool Name, Including Formation	Artesia	Kind of Lease	State, Federal or Free State
Location	Unit Letter	G	2310 Feet From The	North Line and	2310 Feet From The	East	
Line of Section	25	Township	18S	Range	27E	N.M.P.M.	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)					
Navajo Refining Co.-Pipeline Division	P.O. Box 67, Artesia, N.M. 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)					
Phillips Petroleum Company	Box 6666, Odessa, Texas 79760					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	25	18S	27E	Yes	9-13-60

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.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.				
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		Depth Casing Shoe		
Performances							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 from 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/L	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing Method (pump, back pr.)	Tubing Pressure	Casing Pressure	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.

Peyton Yates, Petroleum Engineer

February 16, 1971

OIL CONSERVATION COMMISSION

APPROVED FEB 18 1971

BY W. A. Gressett

TITLE OIL AND GAS INSPECTION

This form is to be filed in compliance with RULE 1122.

If this is a request for allowable for a newly drilled or recompleted well, this form must be accompanied by a tabulation of all tests taken or the well in accordance with RULE 1122.

All sections of this form must be filled out completely and filed on new and recompleted wells.

Fill out Sections I, II, III, and IV only for changes in well name or number, or transporter.

Separate Forms C-104 must be filed for each pool on a recompleted well.