TAFE

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABL AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | DOFFICE | | | | | | | | | |
|------------|---|--|--|---|--|-----------------|-----------------------|--|-------------|--|
| | TRANSPORTER OIL / | | | | | | | | | |
| | OPERATOR / | | RECEIVED | | | | | | | |
| ı. | PRORATION OFFICE | | | | | | | | | |
| | Operator APR 19 1977 | | | | | | | | | |
| | Yates Petroleum Corporation Address | | | | | | | | | |
| | 207 So. 4th, Artesia, NM 88210 ARVESIA. DEFICE | | | | | | | | | |
| | 207 So. 4th, Artesia, NM 88210 ARTESIA. DEFICE Reason(s) for filing (Check proper box) Other (Please explain) | | | | | | | | | |
| | New Well X Change in Transporter of: | | | | | | | | | |
| | Recompletion Oil Dry Gas Testing Allowable - 400 Barre | | | | | | | | ×01. | |
| | Change in Ownership | Casinghead G | as Cond | ensate | +1 | | <u> </u> | 400 bai | rer | |
| | If change of ownership give name | | | | | | | | | |
| | and address of previous owner | | | | 4 | | | ······································ | | |
| II. | DESCRIPTION OF WELL AN | D LEASE | | | | | | | | |
| | Federal "HF" Well No. Pool Name, including Wildcat, Sa | | | n Ardnac | | | | Lea | se No. | |
| | Location | | | A Street | | State, Fed | eral or Fee Fed | leral NM | -153 | |
| | Unit Letter; | 660 Feet From Th | North | ne and | 660 | | East | | • | |
| | 10 | 198 | | 27E | | | | | | |
| Į | Line of Section | Township 2 3 5 | Range | | , NMPM, | Edd | У | C | County | |
| III. | DESIGNATION OF TRANSPO | RTER OF OIL ANI | NATURAL G | 48 | | | | | | |
| | Name of Authorized Transporter of Oil XX or Condensate | | | Address (Give address to which approved copy of this form is to be sent) | | | | | | |
| Ì | Navajo Crude Oil Purchasing Co. | | | No. Fre | eeman | Artesia, | NM 88210 | n | | |
| Ì | Name of Authorized Transporter of Casinghead Gas or Dry Gas | | | Address (Give | address to | which app | roved copy of this fo | d copy of this form is to be sent) | | |
| - | If well meduces all as News | Unit Sec. | Twp. Rge. | Is gas actually | | 10 | | | | |
| | If well produces oil or liquids, give location of tanks. | A 10 | 1 - | No | y connected | 1 1 1 | Vhen | | | |
| ī | f this production is commingled w | with that from any oth | er lease or pool | | ing order | | | | | |
| IV. (| COMPLETION DATA | | | | | er: | | | | |
| | Designate Type of Completion - (X) | | New Well W | orkover | Deepen | Plug Back San | ne Res'v. Diff. | Res'v | | |
| - | Date Spudded | Date Compl. Ready | to Prod. | Total Depth | | 1 | 1 1 | | | |
| | | | | rotal Beptii | | | P.B.T.D. | | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing | Formation | Top Oll/Gas P | ay | | Tubing Depth | | | |
| - | Perforations | | | | | | | | | |
| | | | | | Depth Casing Sh | O e | | | | |
| | TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| - | HOLE SIZE CASING & TUBING SIZE | | | DEPTH SET | | | SACKS CEMENT | | | |
| - | | | | | | | | | | |
| \vdash | | | | | | | | | | |
| | | | | | ···· | | | | | |
| V. 7 | EST DATA AND REQUEST F | OR ALLOWABLE | (Test must be a | ter recovery of to | otal volume | of load oil | and must be sound a | | . ,, | |
| | MI. WEI.L able for this de Date of Test | | | after recovery of total volume of load oil and must be equal to or exceed top allow- iepth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.) | | | | | | |
| | Jan 1 Mar Haw Off Ham To Tanks | Date of 1984 | | Producing Meth | od (Flow, p | oump, gas l | ift, etc.) | | | |
| ī | ength of Test | Tubing Pressure | | Casing Pressure | | | Choke Size | Choke Size | | |
| | | | | | | 0 | | | | |
| ' | Actual Prod. During Test | Oil-Bbla. | | Water - Bbls. | | · | Gas-MCF | | | |
| L | | | | | ······································ | | | | | |
| G | AS WELL | | | | ` | | | | | |
| - | Actual Prod. Test-MCF/D | Length of Test | | Bbls. Condensa | te/MMCF | | Gravity of Conder | | | |
| | | | | | | | or and or and or | | | |
| 1 | esting Method (pitot, back pr.) | Tubing Pressure (sh | ut-in) | Casing Pressure | ii-tuda) e | 3) | Choke Size | | | |
| L L Ci | ERTIFICATE OF COMPLIAN | CF | | | | | <u> </u> | | | |
| C. | CHITTCHIE OF COMPLIAN | CE | 1 | | | | TION COMMIS | SION | | |
| 1 1 | hereby certify that the rules and | regulations of the Oil | Conservation | APPROVED | | APR 1 | 9 1977 | 19 | | |
| Co | mmission have been complied v | with and that the inf | ormetion given | | 110 | Lu | ess Th | | | |
| | above is true and complete to the best of my knowledge and belief. | | | | BY DO, CI, PSCOSOL | | | | | |
| / | \alpha // | TITLE SUPERVISOR, DISTRICT, E | | | | | | | | |
| (| John morg | | | | compliance with R | | | | | |
| | (Signo | 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. | | | | | | | | |
| | Johnny Morgan, Prod | | | | | | | | | |
| | (Tit | | 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, | | | | | | | |
| | April 18, 19 | | | | | | | | | |
| | (Da | ite) | | well name or | number, or | transport | er, or other such ch | ange of condi | ition. | |