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| DISTRIBUTION           |       |          |   |  |
| SAULA FE               |       |          |   |  |
| I II.C                 |       | 7-       | - |  |
| U.5.G.5,               |       |          |   |  |
| LAND OFFICE            |       |          |   |  |
| IRANSPORTER            | OIL   | 1        |   |  |
|                        | G A S | 1        |   |  |
| OPERATOR               |       | 1        |   |  |
| PRORATION OFFICE       |       | <u> </u> |   |  |
|                        |       |          |   |  |

## NEW MEXICO OIL CONSCRVATION COMM. REQUEST FOR ALLOWABLE **AND**

Thim C-104 Supercedes Old C-104 and C-11 Effective 1-4-65

|  | ·                                     | MND  |                                      |  |  |
|--|---------------------------------------|--|--------------------------------------|--|--|
| 9.5.G.S.   | . AUTHORIZATION TO TRA                | MSPORT OIL AND NATURAL (                               | GAS                                  |  |  |
| LAND OFFICE  | RE                                    | CEIVED   |                                      |  |  |
| TRANSPORTER GAS  |                                       | FIAFD  |                                      |  |  |
| OPERATOR 1   | MAY 3 <sub>1</sub> 1979               |  |                                      |  |  |
| PRODATION OFFICE OPERATOR OF THE PROPERTY OF T |                                       |  |                                      |  |  |
| Yates Petroleum Corporation 🗸 🔲 🕻 🖰  |                                       |  |                                      |  |  |
| Address  |                                       | SIA, OFFICE  |                                      |  |  |
| 207 South 4th Stre   |                                       | 210  |                                      |  |  |
| Reason(s) for filing (Check proper box   | Change in Transporter of:             | Other (Please explain)                                 |                                      |  |  |
| New Well Recompletion  | OII Dry Go                            | ,  |                                      |  |  |
| Change in Ownership  | Casinghead Gas Conden                 | Fi I   |                                      |  |  |
| f change of ownership give name and address of previous owner  |                                       |  |                                      |  |  |
| DECOMPOSED OF UTILE AND  | T TO A C TO                           |  | ·                                    |  |  |
| DESCRIPTION OF WELL AND  | Well No. Pool Name, Including Fe      | orgation Kind of Lease                                 | Lease No.                            |  |  |
| Irish Hills KW Sta   | ate 1-Y Penasco Dra                   | WYESO State, Federa                                    | cr Fee State   L-2764                |  |  |
| Location Unit Letter P   | O South                               | e and 345 Feet From                                    | <sub>The</sub> East                  |  |  |
| Unit Letter P; 330   | Feet From The South Lin               | se andFeet From "                                      | The LUSC                             |  |  |
| Line of Section 2 Tov  | waship 19S Range                      | 24Е , ммрм,  | Eddy County                          |  |  |
| ስድር፣ርክ ለድ፣ <u>ርክ</u> ብድ ፕ <u>ይ</u> ለእናጀርክ?   | TER OF OIL AND NATURAL GA             | .s   |                                      |  |  |
| Name of Authorized Transporter of Oil  | or Condensate                         | Address (Give address to which appro-                  | ved copy of this form is to be sent) |  |  |
|  | Purchasing Company                    | No. Freeman Ave-Arte                                   |                                      |  |  |
| Name of Authorized Transporter of Cas  | <u>- "</u>                            | Address (Give address to which appro-                  |                                      |  |  |
| Yates Petroleum Co   |                                       | 207 South 4th Street                                   | t - Artesia, NM 88210                |  |  |
| If well produces oil or liquids, give location of tanks.   | Unit Sec. Twp. Ege. P   2   19S   24E |  | 5-22-79                              |  |  |
| f this production is commingled with   | th that from any other lease or pool, | give commingling order number:                         |                                      |  |  |
| Designate Type of Completic  | Oll Well Gas Well                     | New Well Workover Deepen                               | Plug Back   Same Hesty, Diff. Resty. |  |  |
|  |                                       | X  | P.B.T.D.                             |  |  |
| Date Spuddod   | Date Compl. Ready to Pred.            | Total Depth  | 3074                                 |  |  |
| 3-23-79 Elevations (DF, RKB, RT, GR, etc.)   | 5-22-79 Name of Producing Formation   | 3100 Top Oil/Gas Pay                                   | Tubing Depth                         |  |  |
| 3652 GR  | Yeso                                  | 2145   | 2125                                 |  |  |
| Perforations   | 1                                     | L 4 4 5  | Depth Casing Shoe                    |  |  |
| 2145-2924' 3074'   |                                       |  |                                      |  |  |
|  | TUBING, CASING, AND                   | CEMENTING RECORD                                       |                                      |  |  |
| HOLE SIZE  | CASING & TUBING SIZE                  | DEPTH SET  | SACKS CEMENT                         |  |  |
| 15"  | 32.3#                                 | 239'   | 455                                  |  |  |
| 9-7/8"   | 20#                                   | 960'   | 430                                  |  |  |
| 6-1/4"   | 9.51                                  | 3074   | 300                                  |  |  |
| TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volums of load oil and must be equal to or exceed top allow-   |                                       |  |                                      |  |  |
| TEST DATA AND REQUEST FOOL WELL  |                                       | pth or be for full 24 hours)                           |                                      |  |  |
| Date First New Oil Run To Tanks  | Date of Test                          | Preducing Method (Flow, pump, gas li                   | 11. etc.)                            |  |  |
| 5-22-79  | 5-28-79                               | Pumping Casing Pressure                                | Choke Size                           |  |  |
| Length of Test 24  | Tubing Pressure                       | Custing Pressure                                       | 000                                  |  |  |
| Actual Prod. During Tool   | Oil - Bbio.                           | Water-Bble.  | Gas-MCF                              |  |  |
| 36   | 29                                    | 7  | 96                                   |  |  |
|  |                                       | •  |                                      |  |  |
| GAS WELL   | Length of Test                        | Bbls. Condensate/MMCF                                  | Gravity of Condensate                |  |  |
| Actual Frod, Test-MCF/D  | Length of Year                        |  |                                      |  |  |
| Testing histhed (pitot, back pr.)  | Tubing Processes (Shuij-Lu)           | Casing Pressure (Shut-in)                              | Cheke Size                           |  |  |
| CERTIFICATE OF COMPLIANCE OI   |                                       |  | ATION COMMISSION  LAY 3 1 1979       |  |  |
|  |                                       |  |                                      |  |  |
| description have been complied with and that the information given   |                                       | isset  |                                      |  |  |
| above is true and complete to the  | best of my knowledge and belief.      | DY DISTRICT II   |                                      |  |  |
| <i>:</i>   | TITLE SUPERVISOR, DISTRICT IL         |  |                                      |  |  |
|  | 4                                     | This form is to be filed in compliance with Rule 1104. |                                      |  |  |
| If this in a request for allow big for a nowly difficient der well, this form must be accompenied by a tubulation of the des   |                                       |  |                                      |  |  |
| /6/  | atuta I                               | II AAC 449 PRISM ASSESSED ASSESSED ASSESSED ASSESSED.  |                                      |  |  |

Christine Tomlinson-Geol. (Title)

(Date)

5-30-79

leute taken on the well in accordance with figur, 111,

All sections of this form must be filled out completely for allowable on new and recompleted visite. FIR out only Sections I. B. III, and VI for element of average, well name or number, or transporter or other such change of condition.