

DISTRIBUTION			
SANTA FE		1	
FILE		1	✓
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		1	
PRODUCTION OFFICE			

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

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

RECEIVED

JUN 11 1980

O. C. D.

ARTESIA, OFFICE

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

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <i>Grish Hills - George St</i>	Well No. <i>3</i>	Pool Name, including Formation <i>Permian Shale, San Juan (Anso)</i>	Kind of Lease State, Federal or Fee <i>State</i>	Lease No. <i>L-62297</i>
Location				
Unit Letter <i>H</i>	: <i>2310'</i>	Feet From The <i>North</i> Line and <i>330</i>	Feet From The <i>East</i>	
Line of Section <i>12</i>	Township <i>19S</i>	Range <i>24E</i>	NMPM, <i>Eddy</i>	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <i>Navajo Crude Oil Purchasing Company</i>	Address (Give address to which approved copy of this form is to be sent) <i>No. Freeman Ave - Artesia N.M. 88210</i>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Yates Petroleum Corporation</i>	Address (Give address to which approved copy of this form is to be sent) <i>207 South 4th Street - Artesia N.M. 88210</i>	
If well produces oil or liquids, give location of tanks.	Unit <i>F</i>	Sec. <i>12</i>
	Twp. <i>19S</i>	Rge. <i>24E</i>
	Is gas actually connected? <i>Yes</i> When <i>5-29-80</i>	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" 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 <i>4-26-80</i>	Date Compl. Ready to Prod. <i>5-29-80</i>		Total Depth <i>3101'</i>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) <i>3596' HR</i>	Name of Producing Formation <i>Yeso</i>		Top Oil/Gas Pay <i>2576</i>		Tubing Depth <i>2546</i>			
Perforations <i>2576-2595'</i>					Depth Casing Shoe <i>3101'</i>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<i>15"</i>	<i>10-3/4"</i>	<i>370</i>	<i>350</i>
<i>9 1/2"</i>	<i>7"</i>	<i>933</i>	<i>805</i>
<i>6 1/4"</i>	<i>4 1/2"</i>	<i>3101</i>	<i>350</i>
	<i>2-3/8"</i>	<i>2546</i>	

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 <i>5-29-80</i>	Date of Test <i>6-3-80</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Pumping</i>	
Length of Test <i>24</i>	Tubing Pressure <i>20#</i>	Casing Pressure <i>20#</i>	Choke Size <i>2"</i>
Actual Prod. During Test <i>22</i>	Oil-Bbls. <i>15</i>	Water-Bbls. <i>7</i>	Gas-MCF <i>45</i>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

Christine Tomlinson
(Signature)
Christine Tomlinson Geol. Secty
(Title)
6-10-80
(Date)

OIL CONSERVATION COMMISSION

APPROVED *JUN 12 1980*

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 deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter or other such change of condition.