

DISTRIBUTION	
SANTA FE	
FILE	
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-  
Effective 1-1-65

RECEIVED

MAY 15 1978

Operator Yates Petroleum Corporation	
Address 207 South Fourth Street - Artesia, NM 88210	
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"/> Dry Gas <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) CASINGHEAD GAS MUST NOT BE PLACED AFTER 7/1/78 UNLESS AN EXCEPTION TO R-4079 IS OBTAINED.	

If change of ownership give name and address of previous owner: THIS WELL HAS BEEN PLACED IN THE POOL  
DESIGNATED BY YOU. IF YOU DO NOT CONCUR

Lease Name Alexander "IC"		Well No. 2	Pool Name, Including Formation Cato S. A. 2-5781	Kind of Lease NM 28004 State, Federal or Fee Federal	Lease No.
Location Unit Letter N ; 330 Feet From The South Line and 2310 Feet From The West Line of Section 32 Township 8S Range 30E , NMPM, Chaves County					

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 Crude Oil Purchasing Company		No. Freeman Ave. - Artesia, NM 88210			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 32	Twp. 8S	Rge. 30E	Is gas actually connected? When

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 checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Reservoir, Diff. Res. <input type="checkbox"/>
Date Spudded 9-16-77	Date Compl. Ready to Prod. 3-17-78	Total Depth 3512'		P.B.T.D. 3501' WL				
Elevations (DF, RKB, RT, GR, etc.) 3600' GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 3359'		Tubing Depth 3330'				
Perforations 3359-3404'				Depth Casing Shoe 3508'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		354'		175 sacks			
7-7/8"	5-1/2"		3508'		220 sacks			
	2-7/8"		3330'					

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 Run To Tanks 3-17-78	Date of Test 4-8-78	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 10	Casing Pressure 10	Choke Size
Actual Prod. During Test 4.67	Oil-Bble. 3.80 BO	Water-Bble. 0.87 BW	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 Anderson (Signature) Geological Secretary (Title) 5-12-78 (Date)		OIL CONSERVATION COMMISSION APPROVED MAY 16 1978 BY [Signature] TITLE SUPERVISOR DISTRICT 1  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 well name or number, or transporter, or other such change of condition.	
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