

OIL CONSERVATION DIVISION

P. O. BOX 2000
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASREC'D
NOV 15 1985
CRUDE OIL DEPT.

Yates Petroleum Corporation

Address
207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

CASINGHEAD GAS CONNECTION

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Big Sky ABY State	Well No. 1	Pool Name, including Formation Tobac Penn	Kind of Lease State, Federal or Fee State	Lease No. LG-2662
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>26</u> Township <u>8S</u> Range <u>33E</u> N.M.P.A. <u>Chaves</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>EOTT Energy Corp.</u> Effective <u>4-1-94</u>	Address <u>Houston, TX 77251-1188</u> Effective <u>7-1-88</u>
Name of Authorized Transporter of Casinghead Gas ☐ <u>Warren Petroleum Co.</u> Effective <u>1-1-93</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 2297, Midland, TX 79702</u> <u>PO Box 1589, Tulsa, OK 74101</u>
If well produces oil or liquids, give location of tanks. Unit <u>M</u> Sec. <u>26</u> Twp. <u>8S</u> Rge. <u>33E</u>	Is gas actually connected? <u>Yes</u> When <u>11-1-85</u>

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rec'y.	Diff. R.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKH, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

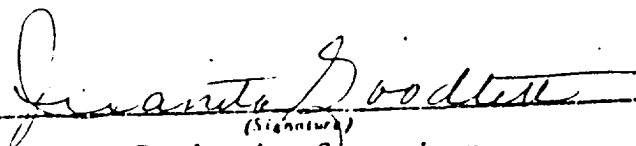
VI. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top
able for this depth or be for full 24 hours)

Date First New Oil Run To 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/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pump, back pr.)	Tubing Pressure (khat-in)	Casing Pressure (khat-in)	Choke Size

I. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.

Production Supervisor

11-7-85

OIL CONSERVATION DIVISION

APPROVED NOV 12 1985, 19BY ORIGINAL SIGNED BY PERRY SEXTON
TITLE DISTRICT I SUPERVISORThis form is to be filed in compliance with RULE 11.1.
If this is a request for allowable for a newly drilled or deep
well, this form must be accompanied by a tabulation of the dev
tests taken on the well in accordance with RULE 11.1.All sections of this form must be filled out completely for
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of a
lease or transporter or other such changes of cond