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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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-111
Effective 1-1-65

Operator Yates Petroleum Corporation		
Address 207 South 4th St., Artesia, NM 88210		
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other
New Well <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER 9-13-84 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

DESCRIPTION OF WELL AND LEASE

Lease Name Lambirth YB State	Well No. 1	Pool Name, Including Formation Wildcat <i>S. Peterson Perm Assoc</i>	Kind of Lease State	Lease No. LG 3495
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>36</u> Township <u>5S</u> Range <u>32E</u> , NMPM, <u>Roosevelt</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) Box 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Oil Co.	Address (Give address to which approved copy of this form is to be sent) Box 300, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 36	Twp. 5S	Rge. 32E	Is gas actually connected? No	When Constructing pipeline

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 Resv. <input type="checkbox"/>	Diff. Resv. <input type="checkbox"/>
Date Spudded 5-23-84	Date Compl. Ready to Prod. 7-16-84		Total Depth 8430'		P.B.T.D. 8030'			
Elevations (DE, RKB, RT, GR, etc.) 4423.1' GR	Name of Producing Formation Bough C		Top Oil/Gas Pay 7785'		Tubing Depth 7750'			
Perforations 7785-95'					Depth Casing Shoe 8427'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	330'	300
11"	8-5/8"	3505'	1025
7-7/8"	5-1/2"	8427'	750
	2-7/8"	7750'	

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 7-13-84	Date of Test 7-16-84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 120#	Casing Pressure Pkr	Choke Size 4"
Actual Prod. During Test 120	Oil - Bbls. 81	Water - Bbls. 39	Gas - MCF 93

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Franklin Goodlett
(Signature)
Production Supervisor
(Title)
7-20-84
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 25 1984, 19
BY Eddie W. Seay
Oil & Gas Inspector
TITLE _____

This form is to be filled 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 device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for 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 conditions.