

P. O. BOX 7000
SANTA FE, NEW MEXICO 07501

Yates Petroleum Corporation

105 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

How Well

DESCRIPTION

Change in Ownership:

Change in Transporter oli

Cit

Coalinghead Gas ☐

Dry Gas

Condensate

Other (Please explain)

CHANGE TRANSPORTER CRUDE OIL
EFFECTIVE 6-1-87

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	State	LG 3345
Hoover ADR State	1	Sanmal-Queen	State, Federal or Fee	State	

Location
Unit Letter I ; 1650 Feet From The South Line and 990 Feet From The East
Line of Section 1 Township 17S Range 33E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL OR CONDENSATE Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation Permian (Eff. 9/1/87)					Address (Give address to which approved copy of this form is to be sent) PO Box 1183, Houston, TX 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co.					Address (Give address to which approved copy of this form is to be sent) PO Box 1589, Tulsa, OK 74101	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 1	Twp. 17s	Rge. 33e	Is gas actually connected? Yes	When 9-29-86

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
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

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

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

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.

Jimmy L. Sood
(Signature)
Production Supervisor

Production Supervisor

5-19-87

(Note)

OIL CONSERVATION DIVISION

APPROVED MAY 21 1987, 19

Orig. Signed by

BY Paul Kaut
TITLE Geologist

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and reconstructed walls.

Fill out only Sections I, II, III, and VI for changes of owner, hull name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multiple:

RECEIVED

RECEIVED
MAY 20 1987
OCD
HOBBS OFFICE