

OIL CONSERVATION DIVISION
P. O. BOX 7080
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Yates Petroleum Corporation

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

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 3-1-88
UNLESS IT IS NECESSARY TO RELIEVE
IS OBTAINED.

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Burton AER Com	Well No. 1	Pool Name, including Formation Casey Strawn R-8643	Kind of Lease State, Federal or Fee Fee	Lease To
Location Unit Letter J : 2400 Feet From The South Line and 1850 Feet From The East Line of Section 26 Township 16S Range 37E, NMPH, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Dry Gas EOTT Energy Corp. Effective 1-1-93	Address (Give address to which approved copy of this form is to be sent) Houston, TX. 77251-1188 PO Box 2297, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas or Dry Gas EOTT Energy Corp. Effective 1-1-93	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 J : 26 Township 16S Range 37E	Is gas actually connected? When NO

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same First	Diff. First
Date Spudded 10-5-87	Date Compl. Ready to Prod. 12-28-87	Total Depth 11933'	P.B.T.D. 11852'					
Elevations (DIP, RKH, RT, GR, etc.) 3765.2' GR	Name of Producing Formation Strawn	Top Oil/Gas Pay 11543'	Tubing Depth 11600'					
Perforations 11543-11575'			Depth Casing Shoe 11933'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13-3/8"	458'	450
11"	8-5/8"	4300'	1900
7-7/8"	5 1/2"	11933'	860
	2-7/8"	11600'	

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 11-21-87	Date of Test 12-28-87	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 12	Oil - Bbls. 6	Water - Bbls. 6	Gas - MCF TSTM

GAS WELL

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

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

1-5-88

OIL CONSERVATION DIVISION

JAN - 3 1988

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 117.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat 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 credit