

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

BY REGISTER RECEIVER	
DATE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	
OPERATION	
REGISTRATION OFFICE	
Operator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Yates Petroleum Corporation

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

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Request 4000 barrels test allowable.
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Well Name, Including Formation	Kind of Lease
Howe TG Federal	1	Und. Bone Springs	NM-15920
Location			State, Federal, For Federal
Unit Letter	K	1980 Feet From The South	Line and 1830 Feet From The West
Line of Section	30	Township	18S
		Range	34E
		Lea	

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Co.	Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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	Sec.	Twp.	Range	Is gas actually sold or sold?	When
	K	30	18S	34E		

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 as last time
	X		X				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	Perforations	Testing Depth	Depth Casing, ft.		
			10133-156'; 9519-24'; 9526-41'				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of fluid oil and must be equal to or exceed top allowable for this depth or be for full 28 ft. test)

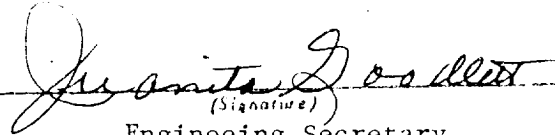
Date First New Oil Run To Tanks	Date of Test	Producing Method (Pilot, Back pr., etc.)	Choke Size
Length of Test	Testing Pressure	Casing Pressure	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Engineering Secretary
(Title)
6-18-82
(Date)

OIL CONSERVATION DIVISION
JUN 21 1982
APPROVED _____, 19____
ORIGINAL SIGNED BY
BY _____
TITLE _____

This form is to be filed in compliance with rules 1-10.
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 all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes in casing, tubing or completion, or transportation or other such change of conditions.
Separate forms O-104 must be filed for each pool in which

RECEIVED

JUN 21 1982

O.C.D.
HOBBS OFFICE