SANTA FE		REQUEST FOR ALLOWABLE Supersedes Old C-10 AND	
U.S.G.S.		AND RANSPORT OIL AND NATURA	
AND OFFICE		RANSPORT UIL AND NATURA	LGAS
TRANSPORTER OIL			
GAS			
OPERATOR			
PRORATION OFFICE			
Casing Pullers, I	nc.		
	Gas Services, Inc P		W Mexico 88240
New We!!	Change in Transporter of:	Other (Please explain)	
Recompletion Change in Ownership[X]	Oil Dry	Gas Effecti	ve 6/1/72
If change of ownership give name and address of previous owner		mpany - Bartlesville, O	klahoma 74006
. DESCRIPTION OF WELL AND		<u> </u>	
Lease Name Yates "A"	Well No. Fool Name, Including 2 N. San Simor		ease Lease N leral or Fee State E-192
Location	-		
20			m The West
	ownship 21 S Range	35 E , NMPM,	Lea Count
Name of Authorized Transporter of Of	I T or Condensate	Address (Give address to which ap	proved copy of this form is to be sent)
Permian Corporation	Permian (Eff. 9 / 1 /87)	P.O. Box 1183, Houst	con, Texas 77001
Name of Authorized Transporter of Co Phillips Petroleum Co	mpany	Bartlesville, Oklaho	proved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Bge. 0 29 218 35E	Is gas actually connected? Yes	When 7/27/60
If this production is commingled w. . COMPLETION DATA	ith that from any other lease or poo	, give commingling order number:	
Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation:	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING CASING A	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		·	
		+	
	OR ALLOWABLE (Test To the	when recovery of total volume of load of	il and must be equal to or exceed top all
OIL WELL Date First New Oil Run To Tanks	able for this of Date of Test	depth or be for full 24 hours) Producing Method (Flow, pump, gas	life etc.)
		Producing Method (1 000, panp, ge	
Length of Test	Tubing Pressure	Lating Pressure	Choke Size
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas • MCF
GAS WELL	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 Conserve. an Commission have been complied with and that the information $g_{i}^{(1)}$ is above is true and complete to the best of my knowledge and belief.			ATION COMMISSION
		APPROVED	Orig. Signed by
		BY	Joe D. Ramey
		TITLE	Dist. I, Supv.
Wenna	11 Mars		n compliance with RULE 1104.
(<i>YUMU</i> (Sign	KALL'S	I mal! this form must be accom	owable for a newly drilled or deepen panied by a tabulation of the deviati
(Signa		tests taken on the well in acc	cordance with RULE 111.
			nust be filled out completely for allo
Agen		All sections of this form t	wells.
Aget (Tit 5/31,	ile)	Fill out only Sections I, well name or number, or transpo	wells. II, III, and VI for changes of own orter, or other such change of condition ist be filed for each pool in multip

· ·

· ·

1 - 5 1 - 5 1 - 50 - 1 - 5 1 - 510 - 1 - 10 1 - 100 - 1 - 1000

RECEIVED

UCH 1 1072 GL CONSERVATION COMM. HOBBS, N. M.