

## OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

MAY -7 1987

O. C. D.  
ARTESIA, OFFICE

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LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	
PROMOTION OFFICE	

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)

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name Tanque Rojo AAT State	Well No. 1	Pool Name, Including Formation Hoag Tank-Morrow Gas	Kind of Lease State, Federal or Fee	State	Lease No. LG-2351
Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>11</u> Township <u>19S</u> Range <u>23E</u> , NMPM, <u>Eddy</u> County					

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) PO Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) PO Box 2521, Houston, TX 77001
If well produces oil or liquids, give location of tanks.	Unit <u>I</u> Sec. <u>11</u> Twp. <u>19S</u> Rge. <u>23E</u>
Is gas actually connected?	When <u>5-5-87</u>

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 Rec'd	Diff. Rec'd
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 10-30-84	Date Compl. Ready to Prod. 1-6-85	Total Depth 8393'	P.B.T.D. 8327'					
Elevations (DF, RKR, RT, GR, etc.) 3905' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 8131'	Tubing Depth 8088'					
Perforations 8131-8141'			Depth Casing Shoe 8393'					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	30'	
17-1/2"	13-3/8"	252'	300
12-1/4"	8-5/8"	1562'	1100
7-7/8"	4-1/2"	8393'	900
	2-3/8"	8088'	

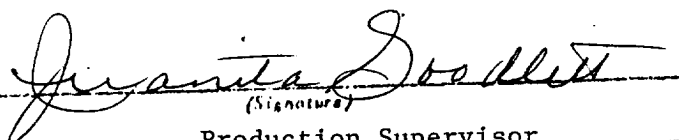
TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top all  
able for this depth or be for full 24 hours)

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

## GAS WELL

Actual Prod. Test - MCF/D 1022	Length of Test 4 hrs	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (spicer, back pr.) Back Pressure	Tubing Pressure (shut-in) 290	Casing Pressure (shut-in) PKR	Choke Size 3/8"

## 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)

Production Supervisor

(Title)

5-5-87

(Date)

## OIL CONSERVATION DIVISION

APPROVED JUN 30 1987, 19BY Original Signed By  
Les A. ClementsTITLE Supervisor District II

This form is to be filed in compliance with RULE 100.

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 allow-  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owner,  
well name or number, or transporter, or other such change of condition.Separate Form C-104 must be filed for each pool in multiple  
completed wells.