

RECEIVED BY  
P. O. BOX 7088  
SANTA FE, NEW MEXICO 87501  
AUG 02 1985  
O. C. D REQUEST FOR ALLOWABLE  
ARTESIA, OFFICE AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
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U.S.D.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	
GAS	
OPERATION	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

Operator Yates Petroleum Corporation  
Address 207 South 4th St., Artesia, NM 88210  
Reason(s) for filing (Check proper box)  
New Well ☒ RE-ENTRY Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain) CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 9-21-85  
UNLESS AN EXCEPTION FROM  
THE B. L. M. IS OBTAINED

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	Lease No.
Welch ABV Federal	1	Wildcat Bone Springs	NM-38459 State, Federal or Fee Federal	
Location				
Unit Letter	D	660 Feet From The North Line and 760 Feet From The West		
Line of Section	21	Township 26S	Range 27E	NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Co.	PO Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 D Sec. 21 Twp. 26s Rge. 27e Is gas actually connected? NO When

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'v.	Diff. Res'v.
X			X					
Date Spudded	RE-ENTRY	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
1-20-85		7-28-85	8000'	5880'				
Elevations (DF, RKR, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3235' GR	Bone Springs	5820'	5663'					
Perforations			Depth Casing Shoe					
5820-40'								

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-3/4"	13-3/8"	630'	750 SX
12-1/4"	9-5/8"	5694'	3450 SX
8-3/4"	7"	12614'	550 SX
	7"	5000'	125 SX

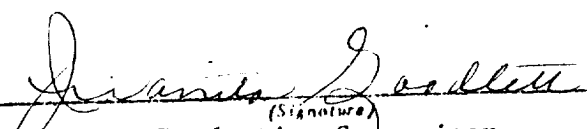
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7-22-85	7-28-85	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	90#	-	18/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
222	24	198	13

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (spit, 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.

  
Production Supervisor  
(Date)  
8-1-85  
(Date)

OIL CONSERVATION DIVISION  
AUG 21 1985  
APPROVED Original Signed By  
BY Las A. Clements  
TITLE Supervisor District II  
This form is to be filed in compliance with RULE 110.  
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 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.