

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
OPERATION OFFICE	

Operator Yates Petroleum Corporation

Address 207 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 9/17/81  
 UNLESS AN EXCEPTION TO R-4070  
 IS OBTAINED.**

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE Tom-Tom San Andres

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
Paul "LR"	3	Und. Tomahawk SA	State, Federal or Fee Fee	

Location  
 Unit Letter A : 660 Feet From The North Line and 660 Feet From The East  
 Line of Section 25 Township 7S Range 31E, NMPM, Chaves Cour

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Crude Oil Purchasing Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 159, Artesia, NM 88210</u>
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 : <u>E</u> Sec. : <u>25</u> Twp. : <u>7S</u> Rge. : <u>21E</u> Is gas actually connected? <u>No</u> 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. R
<u>X</u>	<u>X</u>		<u>X</u>					
Date Spudded <u>6-19-81</u>	Date Compl. Ready to Prod. <u>7-23-81</u>	Total Depth <u>4300'</u>	P.B.T.D. <u>4271'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>4392.5' GR</u>	Name of Producing Formation <u>San Andres</u>	Top Oil/Gas Pay <u>4060'</u>	Tubing Depth <u>4024'</u>					
Perforations <u>4060-4119-1/2'</u>	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12-1/2"</u>	<u>8-5/8"</u>	<u>1675'</u>	<u>775</u>
<u>7-7/8"</u>	<u>4-1/2"</u>	<u>4300'</u>	<u>300</u>
	<u>2-3/8"</u>	<u>4024'</u>	

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 able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>7-17-81</u>	Date of Test <u>7-23-81</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>20#</u>	Casing Pressure <u>20#</u>	Choke Size <u>2"</u>
Actual Prod. During Test <u>51</u>	Oil-Bbls. <u>42</u>	Water-Bbls. <u>9</u>	Gas-MCF <u>9</u>

GAS WELL

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

James D. ...  
 (Signature)  
 Engineering Secretary  
 (Title)  
 7-24-81  
 (Date)

OIL CONSERVATION DIVISION  
**JUL 27 1981**  
 APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY [Signature]  
 TITLE SUPERVISOR DISTRICT I

This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for all able on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condit  
 Separate Forms C-104 must be filed for each pool in mult completed wells.