

OIL CONSERVATION DIVISION

P. O. BOX 2000  
 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.D.A.	
LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

Operator **Yates Petroleum Corporation**

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

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

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

DESCRIPTION OF WELL AND LEASE

Lease Name <b>Pyro ABK State</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Lazy J Penn</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>LG 3818</b>
Location				
Unit Letter <b>C</b>	<b>660</b>	Feet From The <b>North</b>	Line and <b>2310</b>	Feet From The <b>West</b>
Line of Section <b>33</b>	Township <b>13S</b>	Range <b>33E</b>	, NMPLA, <b>Lea</b> County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS **SCURLOCK PERMIAN CORP EFF 9-1-91**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>The Permian Corporation Permian (Eff. 9 / 1 / 87)</b>	Address (Give address to which approved copy of this form is to be sent) <b>PO Box 1183, Houston, TX 77001</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>PO Box 1589, Tulsa, OK 74101</b>
If well produces oil or liquids, give location of tanks.	Unit <b>B</b> Sec. <b>33</b> Twp. <b>13s</b> Rge. <b>33e</b>
Is gas actually connected? <b>Yes</b>	When <b>2-12-86</b>

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Scale Back <input type="checkbox"/>	Diff. Prod. <input type="checkbox"/>
Date Spudded <b>1-1-86</b>	Date Compl. Ready to Prod. <b>2-18-86</b>		Total Depth <b>10100'</b>			P.B.T.D. <b>10042'</b>		
Elevations (DI, RKB, RT, GR, etc.) <b>4247.5' GR</b>	Name of Producing Formation <b>Penn</b>		Top Oil/Gas Pay <b>9843'</b>			Tubing Depth <b>9918'</b>		
Perforations <b>9843-48'</b>			Depth Casing Shoe <b>10100'</b>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13-3/8"	450'	450
11"	8-5/8"	4205'	1800
7-7/8"	5 1/2"	10100'	1170
	2-7/8"	9918'	

TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

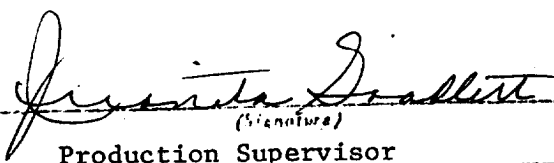
Date First New Oil Run To Tanks <b>2-5-86</b>	Date of Test <b>2-18-86</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hrs</b>	Tubing Pressure <b>25</b>	Casing Pressure <b>25</b>	Choke Size <b>Open</b>
Actual Prod. During Test <b>475</b>	Oil-Bbls. <b>275</b>	Water-Bbls. <b>200</b>	Gas-MCF <b>350</b>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (press, 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  
 2-24-86  
 (Date)

OIL CONSERVATION DIVISION

APPROVED **FEB 27 1986**, 19 \_\_\_\_\_

BY **ORIGINAL SIGNED BY JERRY SEXTON**  
 DISTRICT I SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 111.  
 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 conditions.  
 Separate Form C-104 must be filed for each pool in multiple.

RECEIVED  
FEB 26 1986  
D.C.D.  
HOBBS OFFICE