

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	
DISTRICT	
SANITARY	
FILE	
U.S.D.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

I. Operator: Yates Petroleum Corporation
Address: 105 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Oil Dry Gas
 Incompletion Casinghead Gas Condensate
 Change in Ownership

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Petrus AEO State	Well No.: 2	Pool Name, including Formation: Sanmal-Queen R-8533	Kind of Lease: State	Lease No.: B-2516
Location: Unit Letter G; 1980 Feet From The North Line and 1650 Feet From The East				
Line of Section 11 Township 17S Range 33E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian	PO Box 1183, Houston, TX 77001
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)
Warren Petroleum Co.	PO Box 1589, Tulsa, OK 74101
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	B 11 17s 33e Yes 11-6-87

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. 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"/> Some Heavy <input type="checkbox"/> Diff. Res. <input type="checkbox"/>
Date Spudded: 10-15-87	Date Compl. Ready to Prod.: 11-12-87	Total Depth: 3900'
Elevations (DF, RKB, RT, GR, etc.): 4157.2' GR	Name of Producing Formation: Queen	Top Oil/Gas Pay: 3769'
Perforations: 3769-3784'		Tubing Depth: 3737'
		Depth Casing Shoe: 3900'

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	1512'	750
7-7/8"	5-1/2"	3900'	175
	2-7/8"	3737'	

V. 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: 11-7-87	Date of Test: 11-12-87	Producing Method (Flow, pump, gas lift, etc.): Pumping
Length of Test: 24 hrs	Tubing Pressure: 35 psi	Casing Pressure: 35 psi
Actual Prod. During Test: 96	Oil-Bbls.: 63	Water-Bbls.: 33
		Gas-MCF: 63

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/M/MCF	Gravity of Condensate
Testing Method (split, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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.

Jerry Sexton
(Signature)
Production Supervisor
11-16-87
(Date)

OIL CONSERVATION DIVISION
APPROVED: NOV 18 1987
BY: ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE: _____

This form is to be filed in compliance with RULE 1102.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
All portions 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 completions.

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NOV 17 1991

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