

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.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator  
**Brazos Petroleum Company**

Address  
**708 Petroleum Bldg. - Midland, Texas 79701**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Yates '18' Federal</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Sawyer (San Andres)</b>	Kind of Lease State, Federal or Fee Federal	Lease No. <b>28065</b>
Location				
Unit Letter <b>I</b>	<b>1650</b>	Feet From The <b>South</b>	Line and <b>990'</b>	Feet From The <b>East</b>
Line of Section <b>18</b>	Township <b>9-S</b>	Range <b>38-E</b>	NMPM, <b>Lea</b>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>The Permian Corporation Permian (Eff. 9/1/87)</b>	<b>P.O. Box 1183 - Houston, Texas 77001</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Warren Petroleum</b>	<b>P.O. Box 1589 - Tulsa, Oklahoma 74102</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<b>I 18 9-S 38-E</b>	<b>No</b>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
		<b>X</b>	<b>X</b>					
Date Spudded <b>11-13-80</b>	Date Compl. Ready to Prod. <b>4-21-81</b>	Total Depth <b>5073'</b>	P.B.T.D. <b>5041'</b>					
Elevations (DF, RKB, RT, CR, etc.) <b>3962.9' GR</b>	Name of Producing Formation <b>San Andres</b>	Top Oil/Gas Pay <b>5002'</b>	Tubing Depth <b>4830'</b>					
Perforations <b>4922-4930, 4934-4942, 4954-4957, 4960-4963, 4978-4984, 4986-4990, 4995-5002'</b>							Depth Casing Shoe <b>3962'</b>	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
<b>12-1/2"</b>	<b>8-5/8"</b>		<b>2284</b>			<b>800 &amp; 200</b>		
<b>4-1/2"</b>	<b>7-7/8"</b>		<b>5071</b>			<b>300</b>		

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 <b>4-21-81</b>	Date of Test <b>4-23-81</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>75 psi</b>	Casing Pressure <b>100 psi</b>	Choke Size <b>1"</b>
Actual Prod. During Test	Oil - Bbls. <b>17</b>	Water - Bbls. <b>30</b>	Gas - MCF <b>525</b>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test <b>24 hours</b>	Bbls. Condensate/MMCF <b>17</b>	Gravity of Condensate <b>28</b>
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in) <b>75 psi</b>	Casing Pressure (shut-in) <b>100 psi</b>	Choke Size <b>1"</b>

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.

**Walter Thomas**  
(Signature)  
Production Clerk

(Title)

**5-27-81**  
(Date)

(Date)

OIL CONSERVATION DIVISION

APPROVED **APR 28 1981**, 19

BY **Jerry [Signature]**

TITLE **Dist. [Signature]**

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