

**OIL CONSERVATION DIVISION**

DISTRICT II  
 P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

DISTRICT III  
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

**I.**

|   |  |
|---|--|
| Operator<br><b>YATES PETROLEUM CORPORATION</b>  | Well API No.<br><b>30-025-26826</b>  |
| Address<br><b>105 South 4th St., Artesia, NM 88210</b>                                  |  |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) |  |
| New Well <input type="checkbox"/>   | Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Recompletion <input checked="" type="checkbox"/>  | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>                |
| Change in Operator <input type="checkbox"/>   |  |

If change of operator give name and address of previous operator Cancel Salt Lake UIC

**II. DESCRIPTION OF WELL AND LEASE**

|   |                      |   |  |                              |
|---|----------------------|---|--|------------------------------|
| Lease Name<br><b>Belco AIA Federal</b>  | Well No.<br><b>1</b> | Pool Name, including Formation<br><b>Salt Lake Unders. Delaware</b> | Kind of Lease<br><b>State, Federal or Fee/</b> | Lease No.<br><b>NM 63016</b> |
| Location<br>Unit Letter <b>J</b> : 1980 Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>East</b> Line<br>Section <b>14</b> Township <b>20S</b> Range <b>32E</b> , NMPM, Lea County |                      |   |  |                              |

**EOTT Energy Operating LP**

**III. 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) |
| <b>Enron Oil Trading &amp; Transportation, 1-1-93</b>  | <b>PO Box 1188, Houston, TX 77151-1188</b>                               |
| 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   Sec.   Twp.   Rge.   Is gas actually connected?   When ?          |
|  | <b>J   14   20   32   No   Approx 6 months</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 <input checked="" type="checkbox"/>   | Gas Well <input type="checkbox"/> | New Well <input type="checkbox"/>  | Workover <input type="checkbox"/>      | Deepen <input type="checkbox"/> | Plug Back <input checked="" type="checkbox"/> | Same Res'v <input type="checkbox"/> | Diff Res'v <input checked="" type="checkbox"/> |
| Date Spudded <b>RECOMPLETION</b><br><b>2-15-91</b>    | Date Compl. Ready to Prod.<br><b>2-4-92</b>    | Total Depth<br><b>13250'</b>      |                                    | P.B.T.D.<br><b>11273'; RBP @ 5013'</b> |                                 |   |                                     |  |
| Elevations (DF, RKB, RT, GR, etc.)<br><b>3539' GR</b> | Name of Producing Formation<br><b>Delaware</b> | Top Oil/Gas Pay<br><b>4928'</b>   |                                    | Tubing Depth<br><b>4852'</b>           |                                 |   |                                     |  |
| Perforations<br><b>4928-4956'</b>                     |  |                                   | Depth Casing Shoe<br><b>11076'</b> |  |                                 |   |                                     |  |

**TUBING, CASING AND CEMENTING RECORD**

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT       |
|-----------|----------------------|-----------|--------------------|
| 26"       | 20"                  | 1100'     | 2500 sx (in place) |
| 17 1/2"   | 13-3/8"              | 3120'     | 2800 sx (in place) |
| 9-5/8"    | 7-5/8"               | 11076'    | 3900 sx (9n place) |
|           | 2-7/8"               | 4852'     |                    |

**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 Tank<br><b>10-4-91</b> | Date of Test<br><b>2-4-92</b> | Producing Method (Flow, pump, gas lift, etc.)<br><b>Flowing</b> |                             |
| Length of Test<br><b>24 hrs</b>                  | Tubing Pressure<br><b>140</b> | Casing Pressure<br><b>PKR</b>                                   | Choke Size<br><b>32/64"</b> |
| Actual Prod. During Test<br><b>305</b>           | Oil - Bbls.<br><b>210</b>     | Water - Bbls.<br><b>95</b>                                      | Gas - MCF<br><b>45</b>      |

**GAS WELL**

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

**VI. OPERATOR 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.

*Juanita Goodlett*  
 Signature  
**Juanita Goodlett - Production Supvr.**  
 Title  
**2-6-92** (505) 748-1471  
 Date Telephone No.

**OIL CONSERVATION DIVISION**  
**FEB 10 '92**

Date Approved \_\_\_\_\_

By **ORIGINAL SIGNED BY JERRY BENTON**  
 DISTRICT I SUPERVISOR

Title \_\_\_\_\_

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.