

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

NO. OF WELLS REFERRED	
DISTRIBUTION	
FILE	
V.L.B.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	
OPERATOR	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Yates Petroleum Corporation

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

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service.	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

DESCRIPTION OF WELL AND LEASE

Lease Name Union SI Federal	Well No. 4	Pool Name, including Formation <del>End</del> Tomahawk SA	Kind of Lease State, Federal or Fee Federal	Lease No. NM 0558108
Location				
Unit Letter A	330	Feet From The North	Line and 330	Feet From The <del>West</del> East
Line of Section 1	Township 8S	Range 31E	N.M.P.M.	Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) Box 159, Artesia, NM 88210
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: C, Sec: 1, Twp: 8s, Rge: 31e
Is gas actually connected?	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 <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"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 7-10-82	Date Compl. Ready to Prod. 8-16-82	Total Depth 4300'	P.B.T.D. 4291'					
Elevations (DF, RKB, RT, GR, etc.) 4419.4' GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 4034'	Tubing Depth 4239'					
Perforations 4243-69½, 4172-4219, 4101-36, 4034-58'						Depth Casing Shoe 4300'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	14"	40'	
12-1/4"	8-5/8"	1700'	750
7-7/8"	4-1/2"	4300'	250
	2-3/8"	4239'	

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 8-10-82	Date of Test 8-16-82	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 20#	Casing Pressure 20#	Choke Size Open
Actual Prod. During Test 126	Oil - Bbls. 30	Water - Bbls. 96	Gas - MCF 12

GAS WELL

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

CONSERVATION DIVISION

AUG 20 1982

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_ ORIGINAL SIGNED BY  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
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 forms C-104 must be filed for each pool in multiple completed wells.

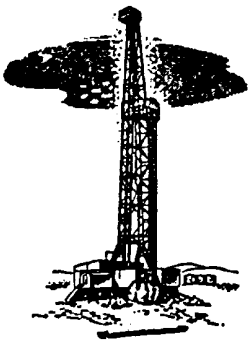
*[Signature]*  
(Signature)

Engineering Secretary

(Title)

8-17-82

(Date)



L & M DRILLING, INC. - Oil Well Drilling Contractors

P. C. BOX 672

ARTESIA, NEW MEXICO 88210

July 23, 1982

Yates Petroleum Corporation  
207 South Fourth Street  
Artesia, NM 88210

RE: Union SI Federal #4  
660' FNL & 660' FEL  
Sec. 1, T8S, R31E  
Chaves County, New Mexico

Gentlemen:

The following is a Deviation Survey for the above captioned well.

DEPTH	DEVIATION
500'	1/4°
1005'	1/4°
1701'	1/4°
2006'	1/4°
2506'	1/2°
3008'	3/4°
3500'	3/4°
4011'	1°
4300'	1°

Very truly yours,

B. N. Muncy Jr.  
President

STATE OF NEW MEXICO  
COUNTY OF EDDY

℥  
℥

The foregoing was acknowledged before me this 23rd day of July, q982.

