

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

DEC 22 1981

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.
ARTESIA, OFFICE

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FILE	
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LAND OFFICE	
TRANSPORTER	
OPERATION	
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 <input checked="" type="checkbox"/>	Change in Transporter of:
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 _____

DESCRIPTION OF WELL AND LEASE

Lease Name Platt PA	Well No. 6	Pool Name, including Formation Atoka Yeso	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>E</u> : 2310 Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u>				
Line of Section <u>26</u> Township <u>18S</u> Range <u>26E</u> NMPM, Eddy County				

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) Box 159, Artesia, NM 88210				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 207 S. 4th, Artesia, NM 88210				
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 26	Twp. 18s	Rge. 26e	Is gas actually connected? <input checked="" type="checkbox"/> When 12-14-81

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'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 10-2-81	Date Compl. Ready to Prod. 12-8-81		Total Depth 3600'		P.B.T.D. 3557'			
Elevations (DF, RKB, RT, GR, etc.) 3314' GR	Name of Producing Formation Yeso		Top Oil/Gas Pay 2734'		Tubing Depth 2650'			
Elevations 2734-3304'					Depth Casing Shoe 3564'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9-7/8"	7"		920'		800			
6-1/4"	4-1/2"		3564' - /		375			
	2-7/8"		2650'					

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 12-8-81	Date of Test 12-14-81	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 25#	Casing Pressure 25#	Choke Size -
Actual Prod. During Test 139	Oil-Bbls. 27	Water-Bbls. 112	Gas-MCF 32

GAS WELL

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

(Signature)
Engineering Secretary

(Title)

12-21-81

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 30 1981, 19BY W.A. BessettTITLE SUPERVISOR, DISTRICT II

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 deviated hole 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 condition. Separate Form C-104 must be filed for each pool in multiple completed wells.