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~~agreed~~

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	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

I. Operator Yates Petroleum Corporation /

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

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain) _____

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Sparrow SP State</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Pecos Slope Abo</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>LG-4334</u>
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>32</u> Township <u>6S</u> Range <u>25E</u> , NMPM, <u>Chaves</u> 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"/> <u>Navajo Crude Oil Purchasing Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 159, Artesia, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Transwestern Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2521, Houston, TX 77001</u>
If well produces oil or liquids, give location of tanks. Unit <u>H</u> Sec. <u>32</u> Twp. <u>6s</u> Rge. <u>25e</u>	Is gas actually connected? <u>Yes</u> When <u>Approx 6-8 wks</u>

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 Resrv.	Diff. Resrv.
		X	X					
Date Spudded <u>4-5-82</u>	Date Compl. Ready to Prod. <u>5-3-82</u>	Total Depth <u>4100'</u>		P.B.T.D. <u>4062'</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>3824.6' GR</u>	Name of Producing Formation <u>Abo</u>	Top Oil/Gas Pay <u>3567'</u>		Tubing Depth <u>3520'</u>		Perforations <u>3567-3768'</u>		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<u>24"</u>	<u>20"</u>	<u>40'</u>						
<u>14-3/4"</u>	<u>10-3/4"</u>	<u>964'</u>		<u>700</u>				
<u>7-7/8"</u>	<u>4-1/2"</u>	<u>4099'</u>		<u>350</u>				
	<u>2-3/8"</u>	<u>3520'</u>						

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D <u>167</u>	Length of Test <u>4 hrs</u>	Bbls. Condensate/MMCF <u>-</u>	Gravity of Condensate <u>-</u>
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (shut-in) <u>148</u>	Casing Pressure (shut-in) <u>Packer</u>	Choke Size <u>1/2"</u>

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.

Angela Doadlett
(Signature)
Engineering Secretary
(Title)
5-6-82
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

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

MAY - 6 1982

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

Yates Petroleum Corporation /

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

Reason(s) for filing (Check proper box)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Sparrow SP State	2	Pecos Slope Abo	State, Federal or Fee State	LG-4334
Location				
Unit Letter	H	: 1980 Feet From The	North Line and	660 Feet From The
Line of Section	32	T. 6S	Range	25E, NMPM, Chaves County

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)
Navajo Crude Oil Purchasing Co.	Box 159, Artesia, NM 88210
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)
Transwestern Pipeline Co.	Box 2521, Houston, TX 77001
If well produces oil or liquids, give location of tanks.	Unit: H Sec: 32 Twp: 6S Rge: 25E
Is gas actually connected?	Yes
When	Approx 6-8 wks

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	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'v.	Diff. Res'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
4-5-82	5-3-82		4100'		4062'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3824.6' GR	Abo		3567'		3520'			
Perforations					Depth Casing Shoe			
3567-3768'					4099'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
24"	20"	40'	
14-3/4"	10-3/4"	964'	700
7-7/8"	4-1/2"	4099'	350
	2-3/8"	3520'	

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)

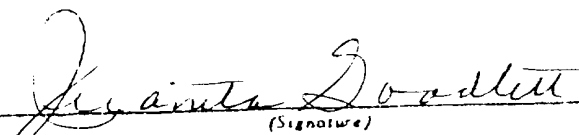
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
167	4 hrs	-	-
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	148	Packer	1/2"

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)
 5-6-82
 (Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
 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 deviated 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 condition.
 Separate Form C-104 must be filed for each pool in multiple completed wells.

MAY - 6 1982

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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	GAS
OPERATION	
REGISTRATION OFFICE	
Operator	

Yates Petroleum Corporation

Address

207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Sparrow SP State	2	Pecos Slope Abo	State, Federal or Fee State	LG-4334

Location

Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East

Line of Section 32 Township 6S Range 25E, NMPM, Chaves County

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)
Navajo Crude Oil Purchasing Co.	Box 159, Artesia, NM 88210
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)
Transwestern Pipeline Co.	Box 2521, Houston, TX 77001
If well produces oil or liquids, give location of tanks.	Unit: <u>H</u> Sec: <u>32</u> Twp: <u>6s</u> Rge: <u>25e</u> Is gas actually connected? <u>Yes</u> When <u>Approx 6-8 wks</u>

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	Gas Well	New well	Workover	Deepen	Plug Back	Some Reelv.	Diff. Reelv.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
4-5-82	5-3-82	4100'	4062'					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3824.6' GR	Abo	3567'	3520'					
Perforations			Depth Casing Shoe					
3567-3768'			4099'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
24"	20"	40'	
14-3/4"	10-3/4"	964'	700
7-7/8"	4-1/2"	4099'	350
	2-3/8"	3520'	

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)

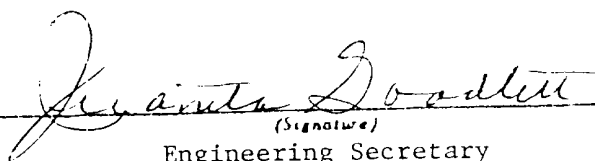
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
167	4 hrs	-	-
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	148	Packer	1/2"

CERTIFICATE OF COMPLIANCE

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)

5-6-82

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19__

BY _____

TITLE _____

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Separate Form C-104 must be filed for each pool in multiply completed wells.

MAY - 6 1982

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
REGISTRATION OFFICE	
Operator	

Yates Petroleum Corporation

Address

207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Sparrow SP State	2	Pecos Slope Abo	State, Federal or Fee State	LG-4334
Location				
Unit Letter	H	: 1980 Feet From The	North Line and	660 Feet From The
				East
Line of Section	32	Twp. 6S	Range	25E
				NMPM, Chaves County

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)
Navajo Crude Oil Purchasing Co.	Box 159, Artesia, NM 88210
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)
Transwestern Pipeline Co.	Box 2521, Houston, TX 77001
If well produces oil or liquids, give location of tanks.	Unit: H Sec: 32 Twp: 6S Rge: 25E
Is gas actually connected?	When Approx 6-8 wks
Yes	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
4-5-82	5-3-82	4100'	4062'					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3824.6' GR	Abo	3567'	3520'					
Perforations			Depth Casing Shoe					
3567-3768'			4099'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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GAS WELL

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167	4 hrs	-	-
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CERTIFICATE OF COMPLIANCE

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Joyanta Doaditt
(Signature)
Engineering Secretary

(Title)

5-6-82

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19

BY _____

TITLE _____

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OIL CONSERVATION DIVISION RECEIVED

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

MAY - 9 1982

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA OFFICE

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Yates Petroleum Corporation

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Juanita Goodlett
(Signature)

Engineering Secretary

(Title)

5-6-82

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19

BY _____

TITLE _____

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