

OIL CONSERVATION DIVISION

P. O. BOX 2088

RECEIVED SANTA FE, NEW MEXICO 87501

MAY 12 1986

REQUEST FOR ALLOWABLE
ANDAUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
ARTESIA 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 _____

III. DESCRIPTION OF WELL AND LEASE

Lease Name Citdel ZG State	Well No. 1	Pool Name, including Formation East Avalon Bone Spring Gas	Kind of Lease State, Federal or Fee	State State	Lease No. K-6261
Location					
Unit Letter A	330	Feet From The North	Line and 330	Feet From The East	
Line of Section 36	Township 20S	Range 27E	NMPM, Eddy	County	

IV. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" 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 checked="" type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 36	Twp. 20s	Rge. 27e	Is gas actually connected? Yes	When 4-29-86

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Sand Restr. <input type="checkbox"/>	Perf. <input type="checkbox"/>
Date Spudded 3-11-84	Date Compl. Ready to Prod. 5-18-84		Total Depth 5100'		F.B.T.D. 5051'			
Elevations (DF, RKB, RT, GR, etc.) 3289' GR	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 4871'		Tubing Depth 4843'			
Perforations 4871-5026'					Depth Casing Shoe 5100'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		408'		325			
12-1/4"	8-5/8"		2390'		800			
7-7/8"	5-1/2"		5100'		710			
	2-7/8"		4843'					

VI. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

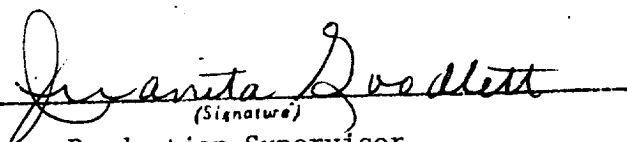
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 424	Length of Test 24 hrs	Bbls. Condensate/MMCF 3	Gravity of Condensate
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (shut-in) 275#	Casing Pressure (shut-in) Pkr	Choke Size 1/4"

VII. 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)

Production Supervisor

(Title)

5-12-86

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 13 1986, 19__BY Original Signed By
Mike WilliamsTITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 111.

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 Forms C-104 must be filed for each pool in multiple completed wells.