

## OIL CONSERVATION DIVISION

P. O. BOX 2080

SANTA FE, NEW MEXICO 87501

RECEIVED

OCT 31 1980

O. C. D.  
ARTESIA, CALIF.REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	7
FILE	1
U.S.U.B.	
LAND OFFICE	
TRANSPORTER	1
OIL	
GAS	
OPERATOR	1
PRODUCTION OFFICE	

Operator  
DyAd Associates

Address

P.O. Box 8425 Midland, Texas 79703

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Dry Gas ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE  
FLAMED AFTER 12-2-80  
UNLESS AN EXCEPTION TO RULE 306  
IS OBTAINED  
C-2-449If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name Yates Federal	Well No. 1	Pool Name, including Formation Welch Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. 38459
Location Unit Letter <u>D</u> ; <u>330</u> Feet From The <u>north</u> Line and <u>990</u> Feet From The <u>west</u> Line of Section <u>21</u> Township <u>26 South</u> Range <u>27 East</u> , NMPM, <u>Eddy</u> 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	Address (Give address to which approved copy of this form is to be sent) P.O. Box 175, Artesia, N.M. 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 D	Sec. 21	Twp. 26S	Rge. 27E	Is gas actually connected? no	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'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 6-4-80	Date Compl. Ready to Prod. 9-20-80		Total Depth 2500'		P.B.T.D. 2210'			
Elevations (DF, RKB, RT, GR, etc.) 3228 GL	Name of Producing Formation Delaware sand		Top Oil/Gas Pay 2116'		Tubing Depth 2180'			
Perforations 2116-2120, 2285-2287, 2289-2292, 2352-2355, 2357-2359, 2 SPF 2365-2368, 2373-2375, 2388-2392, 2410-2414					Depth Casing Shoe 2460'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8"		100		35			
6 3/4"	4 1/2"		2460'		425			
	2 3/8"		2180'					

## 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 10-2-80	Date of Test 10-2-80	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size Post to 4 1/2" 3 1/8" 10"
Actual Prod. During Test 17	Oil - Bbls. 12	Water - Bbls. 5	Gas - MCF

## GAS WELL

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

Tom D. Dykes  
(Signature)  
Partner  
10-20-80  
(Date)

## OIL CONSERVATION DIVISION

OCT 31 1980

APPROVED \_\_\_\_\_, 19

BY W. A. GressettTITLE 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 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 multiply completed wells.