

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF TITLES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	
Operator	

Yates Petroleum Corporation

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

Reason(s) for filing (Check proper box)

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

Other (Please explain)  
**CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 9-1-87  
UNLESS AN EXCEPTION TO RULE 110  
IS OBTAINED.**

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Brown AEI	Well No. 1	Producing Formation <i>Undesignated</i> Wolfcamp	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>H</u> ; <u>1910</u> Feet From The <u>North</u> Line and <u>527</u> Feet From The <u>East</u> Line of Section <u>26</u> Township <u>16S</u> Range <u>37E</u> , NMPM, <u>Lea</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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) PO Box 1183, Houston, TX 77001
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 Sec. Twp. Rge. Is gas actually connected? When
H 26 16s 37e	NO

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 1-29-87	Date Compl. Ready to Prod. 7-20-87	Total Depth 12196'	P.B.T.D. 10406'					
Elevations (DF, RKB, RT, GR, etc.) 3765.2' GR	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 10366'	Tubing Depth 10329'					
Perforations 10366'	Depth Casing Shoe 10525'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	470'	475 sx
11"	8-5/8"	4300'	1900 sx
7-7/8"	5-1/2"	10252'	450 sx
	2-7/8"	10329'	

TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL			
Date First New Oil Run To Tanks 4-18-87	Date of Test 7-20-87	Producing Method (Flow, pump, gas lift, etc.) Pump to be set - tested on swab test	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 206	Oil - Bbls. 44	Water - Bbls. 162	Gas - MCF 15 (estimated)

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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.

*J. Antonio Gonzalez*  
(Signature)

Production Supervisor

7-21-87

(Date)

OIL CONSERVATION DIVISION

JUL 24 1987

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

BY **ORIGINAL SIGNED BY JERRY SEXTON**  
DISTRICT I SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 110.

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 filed for each pool in multiple completed wells.