

Case 8323

APPLICATION FOR AUTHORIZATION TO INJECT

I. Purpose: Secondary Recovery Pressure Maintenance Disposal Storage
Application qualifies for administrative approval? yes no

II. Operator: BLANCO ENGINEERING, INC.

Address: 116 N. First St., Artesia, New Mexico 88210

Contact party: Paul G. White Phone: 748-1067

III. Well data: Complete the data required on the reverse side of this form for each well proposed for injection. Additional sheets may be attached if necessary.

IV. Is this an expansion of an existing project? yes no
If yes, give the Division order number authorizing the project _____.

V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.

* VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.

VII. Attach data on the proposed operation, including:

1. Proposed average and maximum daily rate and volume of fluids to be injected;
2. Whether the system is open or closed;
3. Proposed average and maximum injection pressure;
4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and
5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).

*VIII. Attach appropriate geological data on the injection zone including appropriate lithologic detail, geological name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such source known to be immediately underlying the injection interval.

IX. Describe the proposed stimulation program, if any.

* X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division they need not be resubmitted.)

* XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.

XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground source of drinking water.

XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.

XIV. Certification

I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.

Name: Paul G. White Title President

Signature: Paul G. White Date: 9/15/1984

* If the information required under Sections VI, VIII, X, and XI, and submitted, it need not be duplicated and resubmitted. Please refer to the earlier submittal. BLANCO ENGINEERING, INC.
Case No. 8323
9/05/84 Examiner Hearing
Exhibit No. 1

III. WELL DATA

A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; location by Section, Township, and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and name of the next higher and next lower oil or gas zone in the area of the well, if any.

XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The name, address, phone number, and contact party for the applicant;
- (2) the intended purpose of the injection well; with the exact location of single wells or the section, township, and range location of multiple wells;
- (3) the formation name and depth with expected maximum injection rates and pressures; and
- (4) a notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, P. O. Box 2088, Santa Fe, New Mexico 87501 within 15 days.

NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.

NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

PAN AMERICAN FLINT GAS COM. NO. 1 DISPOSAL WELL
New Mexico Oil Conservation Division Form C-108

APPLICATION FOR AUTHORIZATION TO INJECT:

I. Purpose: Disposal

Application qualifies for administrative approval? No

II. Operator: Blanco Engineering, Inc.

Address: 116 North First Street
Artesia, New Mexico 88210

Contact Party: Paul G. White
Phone: (505) 748-1067 or (505) 746-3223

III. Well Data:

A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

1. Lease name; Well No.; location by Section, Township, and Range; and footage location within the section.

Pan American Flint Gas Com. No. 1 Well
1,980 FSL and 1,980 FEL of Section 22,
Township 18 South, Range 26 East, NMPM

2. Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined:

	<u>Surface</u>	<u>Production</u>
Casing Size:	9-5/8"	5-1/2"
Depth:	1,225'	9,263'
Cement:	Circulated	Circulated
Hole Size:	15"	7-7/8"
Top of Cement:	Surface	Surface
Top Determined by:	Circulating	Circulating

3. A description of the tubing to be used including its size, lining material, and setting depth:

Tubing Size: 2-7/8"
Lining Material: Plastic coated internally
Depth: 9,025'

4. The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Packer Name: Baker
Model: K
Depth: 9,025'

- B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

1. The name of the injection formation and, if applicable, the field or pool name:

Formation: Atoka Penn
Pool Name: Atoka Penn

2. The injection interval and whether it is perforated or open-hole.

9,094 to 9,116 feet
Perforated in 5-1/2" casing

3. State if the well was drilled for injection or, if not, the original purpose of the well.

Well originally drilled as an Atoka Penn Gas discovery.

4. Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations:

No other zones perforated. 25 sx of cement was placed over the Atoka Penn perforations at 9,094 feet in 1970 when the well was plugged and abandoned. No record of any bridge plugs.

5. Give the depth to and name of the next higher and next lower oil or gas zone in the area of the well, if any.

Higher: Canyon formation - 7,747'
Lower: None

IV. Is this an expansion of of an existing project? No.

If yes, give the Division order number authorizing the project. Not applicable.

V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.

See attached.

VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each wells, type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.

See attached.

VII. Attach data on the proposed operation, including:

1. Proposed average and maximum daily rate and volume of fluids to be injected:

Average daily rate of injected water: 2,000 BWP
Maximum daily rate of injected water: 3,500 BWP

2. Whether the system is open or closed.

The system is closed.

3. Proposed average and maximum injection pressures:

Average injection pressure: 400 psig
Maximum injection pressure: 1,400 psig

4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water.

The source of water is the Glorietta - Yeso water produced on the Blanco Engineering, Inc. - Williams & Scripps Leases in Section 25, Township 18 South, Range 26 East, N.M.P.M., Eddy County, New Mexico. Analysis of water is attached. Water is compatible with the Atoka Penn formation.

5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).

Not applicable.

- VIII. Attach appropriate geological data on the injection zone including appropriate lithologic detail, geological name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such source known to be immediately underlying the injection interval.

The injection zone will be the Atoka Penn. The top of the zone is 9,094 feet. The zone is 21 feet thick and produced 5.6 BCF of gas and 40,000 barrels of condensate prior to plugging and abandoning in 1970.

The base of any fresh or drinking water in the area is at 860 feet. This is the artesian water which occurs in the area. No drinking water or fresh water underlies the proposed injection zone.

- IX. Describe the proposed stimulation program, if any:

After clean-out of cement plug we plan to acidize with 2,000 gallons of 15% NE-FE acid.

- X. Attach appropriate logging and test data on the well. (if well logs have been filed with the Division they need not be resubmitted.)

The well logs have been filed with the Division.

- XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.

See attached.

- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground source of drinking water.

See attached.

- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form:

See attached.

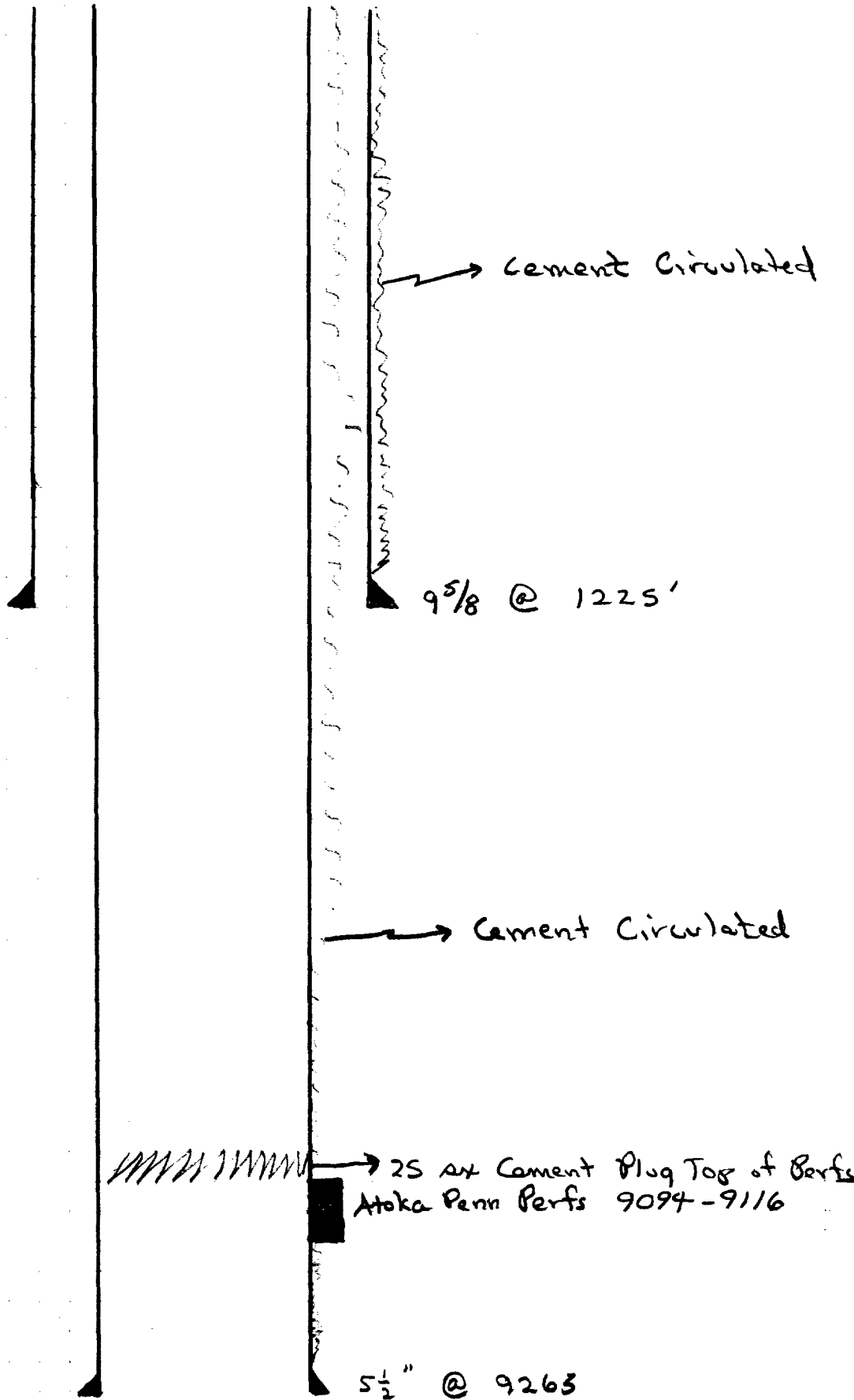
I

PAN AMERICAN

FLINT GAS COY NO 1

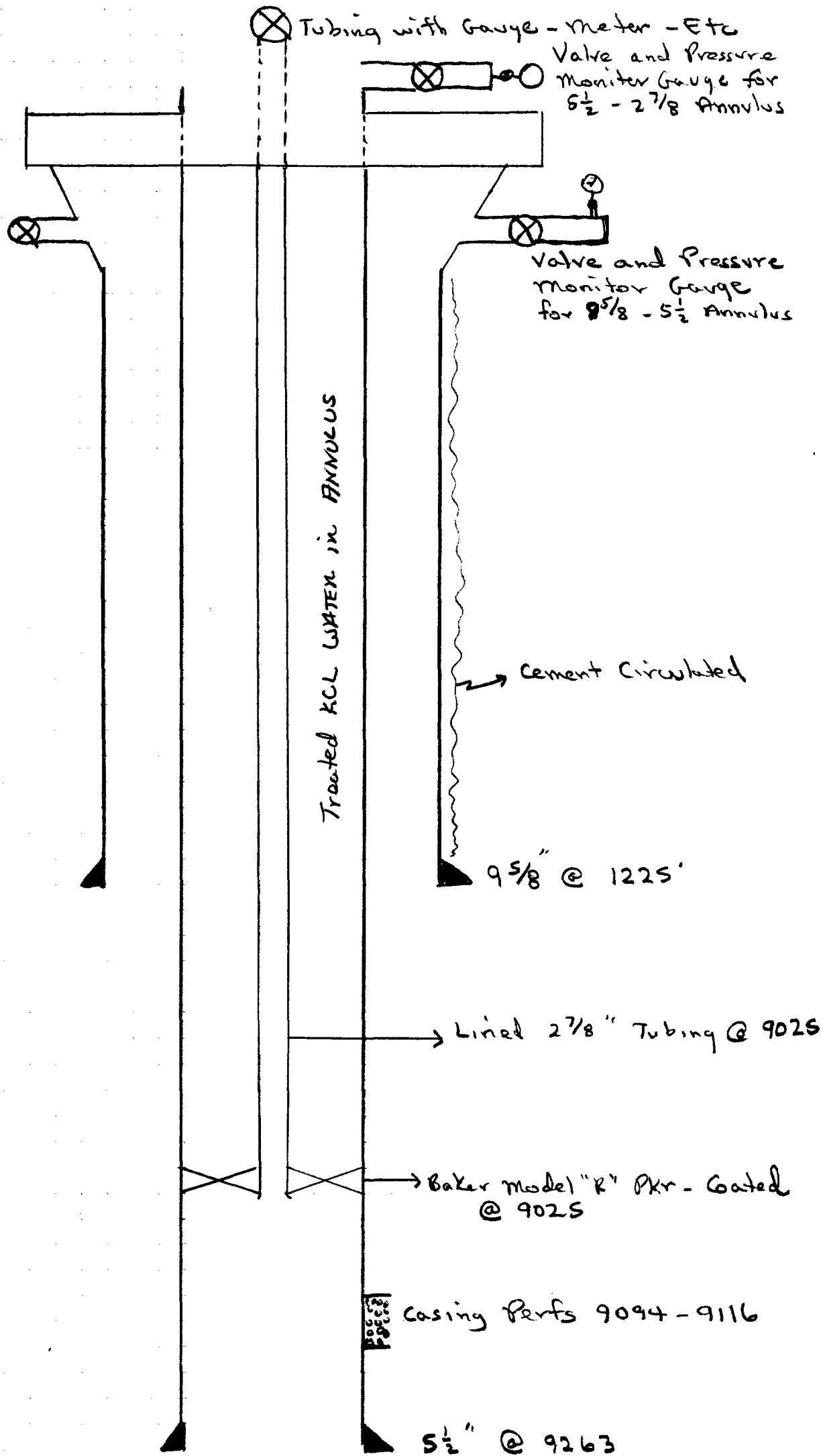
1980' ESL - 1980' FEL SECTION 22 - T18S - R26E, EDDY, N.M.

ATOKA PENN - UNIT J - GR ELEV 3323



SCHEMATIC of WELL PRIOR TO SWD CONVERSION

Dated: July 20, 1984
PGW



SCHEMATIC OF WELL AFTER SWD CONVERSION

Dated July 20, 1984
PGW

P. O. BOX 2058
SANTA FE, NEW MEXICO 87501

RECEIVED

JUL 24 1981

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER		
OPERATOR		
PRODUCTION OFFICE		

I. Operator
PREMIER PRODUCTION CO.

Address
P.O. BOX 1246 Artesia, New Mexico 88210

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Egger	Well No. 2	Pool Name, including Formation Atoka San Andres	Kind of Lease State, Federal or Fee Fee	Lease
Location Unit Letter G ; 2310 Feet From The North Line and 2310 Feet From The East .				
Line of Section 22 Township 18 S Range 26 E , NMPM, Eddy Co.				

III. 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. Drawer 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: G Sec: 22 Twp: 18 Rge: 26 Is gas actually connected? NO When

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. H
Date Spudded 5-2-81	Date Compl. Ready to Prod. 5-18-81	Total Depth 1800	P.B.T.D. N/A					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation San Andres	Top Oil/Gas Pay 1138 / 204	Tubing Depth 1760					
Perforation 7 Perfs: 1204', 06, 30, 40, 56, 78, 85, 90, 1303, 13, 19, 1532,		Depth Casing Shoe 1799						
1543, 47, 54, 72, 80, 1608, 13, 81, 87, 1704, 08, 16, 23, 32, 45								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
9 5/8"	7"	1132'	575 Sax					
6 3/8"	4 1/2"	1800'	250 Sax					
		2 3/8"	1760					

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 6-3-81	Date of Test 6-5-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure N/a	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 15	Water - Bbls. 15	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Randy Jones
Signature
Randy Jones
(Title)
7-24-81
(Date)

OIL CONSERVATION DIVISION

APPROVED **AUG 06 1981**

BY *W. A. Gressett*
SUPERVISOR DISTRICT II

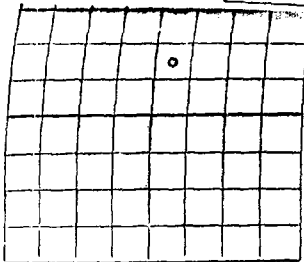
TITLE _____

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for applicable on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multirecompleted wells.

28-83
OCT 3

Premier Prod. Co.
Egger #2
22-185F-26E
SW/NE UT-C

Posted 10-2
& Comp. Book
NCO
10-2-81



Santa Fe, New Mexico

WELL RECORD Oil Conservation Commission
ADJUTANT GENERAL

Mail to District Office, Oil Conservation Commission, to which Form C-101 was sent not later than twenty days after completion of well. Follow instructions in Rules and Regulations of the Commission. Submit in **QUINTUPLICATE**. If State Land submit 6 Copies

AREA 100 ACRES
LOCATE WELL CORRECTLY

Western Ventures, Inc.
(Company or Operator)

Egger
(Lessee)

Well No. 1, in SW $\frac{1}{4}$ of NE $\frac{1}{4}$, of Sec. 22, T. 18S, R. 26E, NMPM.
undesig. (Atoka) Pool, Eddy County.
Well is 1650 feet from north line and 2310 feet from east line
of Section 22. If State Land the Oil and Gas Lease No. is.....
Drilling Commenced 7-4- 1956 Drilling was Completed 7-17- 1956.
Name of Drilling Contractor Donnelly Drlg. Co., Inc.
Address Artesia, New Mexico
Elevation above sea level at Top of Tubing Head 3339 DF. The information given is to be kept confidential until
not, 19.....

OIL SANDS OR ZONES

No. 1, from 1540 to 1555 (Gas) No. 4, from.....to.....
No. 2, from 1565 to 1582 No. 5, from.....to.....
No. 3, from.....to..... No. 6, from.....to.....

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from Water zones not known.....feet.
No. 2, from Drilled w/rotary.....feet.
No. 3, from.....to.....feet.
No. 4, from.....to.....feet.

CASING RECORD

SIZE	WEIGHT PER FOOT	NEW OR USED	AMOUNT	KIND OF HOSE	CUT AND PULLED FROM	PERFORATIONS	PURPOSE
<u>10 3/4</u>	<u>32.75#</u>	<u>new</u>	<u>318'</u>	<u>Texas</u>	<u>318</u>		<u>Cave</u>
<u>7</u>	<u>20#</u>	<u>used</u>	<u>827'</u>	<u>Guide</u>			<u>Wtr. protection</u>
<u>4 1/2</u>	<u>9.5#</u>	<u>new</u>	<u>1677'</u>			<u>1540-55</u> <u>1560-82</u>	

MUDDING AND CEMENTING RECORD

SIZE OF HOLE	SIZE OF CASING	WHERE SET	NO. SACKS OF CEMENT	METHOD USED	MUD GRAVITY	AMOUNT OF MUD USED
<u>15 1/2</u>	<u>10 3/4</u>	<u>318'</u>				<u>Rotary</u>
<u>9 3/4</u>	<u>7</u>	<u>827'</u>	<u>410</u>	<u>Pump</u>		
<u>6 1/2</u>	<u>4 1/2</u>	<u>1677'</u>	<u>200</u>	<u>Circulated</u>		

RECORD OF PRODUCTION AND STIMULATION

(Record the Process used, No. of Qts. or Gals. used, interval treated or shot.)

Sand oil fraced. w/10,000 gal. / 10,000# sand thru perfs. 1540'-1555' and 1565'-82'.

Result of Production Stimulation 1 PF 11 BO plus 6 B salty sulphur water 24 hrs.

Depth Cleaned Out PB.1636

Premier Prod. Co.
Egger #1
22-18S-26E
SW/NE 1/4-C

LAND OFFICE	
ADJ. OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	<input checked="" type="checkbox"/>
REGISTRATION OFFICE	

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

MAR 26 1980

Operator
Charles C. Joy ✓

O. C. D.
ARTESIA, OFFICE

Address
702 Hermosa Dr., Artesia, New Mexico 88210

Person(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of	
Completion	<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)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 2-1-80
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINED
see 2-378

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Miller	Well No. 1	Pool Name, including Formation Atoka-San Andres	Kind of Lease State, Federal or Free	Fee	Lease No.
Location					
Unit Letter F	2310	Feet from The North	Line and 1650	Feet from The West	
Line of Section 22	Township 18S	Range 26E	County Eddy		

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 Co.	Address (Give address to which approved copy of this form is to be sent) N. Freeman Avenue, 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 Sec. Twp. Rge. F 22 18S 26E
Is gas actually connected?	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"/>	Since Fresh <input type="checkbox"/>	Diff. Resist. <input type="checkbox"/>
Date Spudded 1-14-80	Date Compl. Ready to Prod. 2-28-80	Total Depth 1760'	P.B.T.D. 1714					
Elevations (Dr., RKB, RT, GR, etc.) 3338.6 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 1438' 1627'	Tubing Depth 1672'					
Perforations 1627, 1629, 1638, 1641, 1651, 1664, 1667, 1676, 1680, 1684, 1686, 1689, 1694, 1696, 1701		Depth Casing Shoe 1758						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
9 7/8"	7"	1113.6		400				
6 1/4"	4 1/2"	1758.2		175				
	2 3/8"	1672						

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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

Date First New Oil Run To Tanks 2-6-80	Date of Test 3-12-80	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 16 bbls.	Oil-DBls. 10	Water-DBls. 6	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Lbbs. Condensate/MCF	Gravity of Condensate
Testing Method (meter, back pt.)	Tubing Pressure (lbbs./sq. in.)	Casing Pressure (lbbs./sq. in.)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Operator

3-14-80

OIL CONSERVATION COMMISSION

MAR 27 1980

APPROVED _____
BY W. A. Grasset
TITLE 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 completion of the completion tests taken on the well in accordance with RULE 111.
All information on this form must be filled out completely for allowable to be considered for approval.
Fill out only Sections I, II, III, and VI for change of owner, well name, and 9, or transporter, other such change of completion.

Clarence Forister
Miller #1

22-18S-26E
SE/NW
Unit F



Home Office 707 N. Leech, P. O. Box 1499 / Hobbs, NM 88240 / Ph. 505/393-7751, TWX 910/986-0010

July 19, 1984

Blanco Engineering
116 N. First St.
Artesia, NM 88210

Attention: Paul White

Dear Mr. White:

Enclosed please find our water analyses and compatibility reports, submitted to our laboratory on July 18, 1984.

If you have any questions or require further information, please do not hesitate to contact us.

Sincerely,

A handwritten signature in cursive script that reads 'Elizabeth Wesley'.

Elizabeth Wesley
Senior Lab Technician

EW/bf

cc: Charlie Kyle
Jerry Golson
Cy Foster

UNICHEM INTERNATIONAL

601 NORTH LEECH

P.O. BOX 1499

HOBBS, NEW MEXICO 88240

COMPANY : BLANCO ENGINEERING

DATE : 7-19-84

FIELD LEASE & WELL : SCRIPPS 37.5%/WILLIAMS 37.5%/CHEV-CR MARTIN 25%

SAMPLING POINT:

DATE SAMPLED : 7-17-84

SPECIFIC GRAVITY = 1.108

TOTAL DISSOLVED SOLIDS = 160652

PH = 6.475

		ME/L	MG/L
CATIONS			
CALCIUM	(CA)+2	113.	2271.
MAGNESIUM	(MG)+2	104.	1279.
SODIUM	(NA).CALC.	2552.	58680.
ANIONS			
BICARBONATE	(HCO3)-1	9.5	581.
CARBONATE	(CO3)-2	0	0
HYDROXIDE	(OH)-1	0	0
SULFATE	(SO4)-2	61.2	2939.
CHLORIDES	(CL)-1	2700	94900
DISSOLVED GASES			
CARBON DIOXIDE	(CO2)	NOT RUN	
HYDROGEN SULFIDE	(H2S)	NOT RUN	
OXYGEN	(O2)	NOT RUN	
IRON(TOTAL)	(FE)	NOT RUN	
BARIUM	(BA)+2	NOT RUN	
MANGANESE	(MN)	NOT RUN	

IONIC STRENGTH (MOLAL) = 3.066

SCALING INDEX

TEMP

CARBONATE INDEX
CALCIUM CARBONATE SCALING

30C
86F
.225
LIKELY

CALCIUM SULFATE INDEX
CALCIUM SULFATE SCALING

-26.
UNLIKELY

UNICHEM INTERNATIONAL

601 NORTH LEECH

P.O. BOX 1499

HOBBS, NEW MEXICO 88240

COMPANY : BLANCO ENGINEERING

DATE : 7-19-84

FIELD, LEASE & WELL : SCRIPPS 12.5% / WILLIAMS 12.5% / CHEV-CR MARTIN 75%

SAMPLING POINT :

DATE SAMPLED : 7-17-84

SPECIFIC GRAVITY = 1.055

TOTAL DISSOLVED SOLIDS = 83285

PH = 6.905

		ME / L	MG / L
CATIONS			
CALCIUM	(CA)+2	73.3	1469.
MAGNESIUM	(MG)+2	51.4	627.
SODIUM	(NA).CALC.	1305.	30015.
ANIONS			
BICARBONATE	(HCO3)-1	8.7	535.
CARBONATE	(CO3)-2	0	0
HYDROXIDE	(OH)-1	0	0
SULFATE	(SO4)-2	21.5	1037.
CHLORIDES	(CL)-1	1400	49600
DISSOLVED GASES			
CARBON DIOXIDE	(CO2)	NOT RUN	
HYDROGEN SULFIDE	(H2S)	NOT RUN	
OXYGEN	(O2)	NOT RUN	
IRON(TOTAL)	(FE)	NOT RUN	
BARIUM	(BA)+2	NOT RUN	
MANGANESE	(MN)	NOT RUN	

IONIC STRENGTH (MOLAL) = 1.548

SCALING INDEX

TEMP

30C

86F

.107

LIKELY

CARBONATE INDEX
CALCIUM CARBONATE SCALING

-53.

UNLIKELY

CALCIUM SULFATE INDEX
CALCIUM SULFATE SCALING

UNICHEM INTERNATIONAL

601 NORTH LEECH

P.O. BOX 1499

HOBBS, NEW MEXICO 88240

COMPANY : BLANCO ENGINEERING

DATE : 7-19-84

FIELD LEASE & WELL : SCRIPPS 25%/WILLIAMS 25%/CHEV-CR MARTIN 50%

SAMPLING POINT:

DATE SAMPLED : 7-17-84

SPECIFIC GRAVITY = 1.083

TOTAL DISSOLVED SOLIDS = 123168

PH = 6.69

		ME/L	MG/L
CATIONS			
CALCIUM	(CA)+2	93.3	1870.
MAGNESIUM	(MG)+2	78.1	953.
SODIUM	(NA).CALC.	1979.	45497.
ANIONS			
BICARBONATE	(HCO3)-1	9.1	558.
CARBONATE	(CO3)-2	0	0
HYDROXIDE	(OH)-1	0	0
SULFATE	(SO4)-2	41.3	1988.
CHLORIDES	(CL)-1	2100	72300
DISSOLVED GASES			
CARBON DIOXIDE	(CO2)	NOT RUN	
HYDROGEN SULFIDE	(H2S)	NOT RUN	
OXYGEN	(O2)	NOT RUN	
IRON(TOTAL)	(FE)	NOT RUN	
BARIUM	(BA)+2	NOT RUN	
MANGANESE	(MN)	NOT RUN	

IONIC STRENGTH (MOLAL) = 2.325

SCALING INDEX	TEMP
CARBONATE INDEX	30C
CALCIUM CARBONATE SCALING	86F
	.131
	LIKELY
CALCIUM SULFATE INDEX	-43.
CALCIUM SULFATE SCALING	UNLIKELY

UNICHEM INTERNATIONAL

601 NORTH LEECH

P.O. BOX 1499

HOBBS, NEW MEXICO 88240

COMPANY : BLANCO ENGINEERING
 DATE : 7-19-84
 FIELD LEASE & WELL : FRESH WATER WELL #2
 SAMPLING POINT:
 DATE SAMPLED : 7-17-84

SPECIFIC GRAVITY = 1.001
 TOTAL DISSOLVED SOLIDS = 4035
 PH = 7.5

		ME / L	MG / L
CATIONS			
CALCIUM	(CA)+2	29.3	587.
MAGNESIUM	(MG)+2	34.6	445.
SODIUM	(NA), CALC.	3.0	69.6
ANIONS			
BICARBONATE	(HCO3)-1	3.8	231.
CARBONATE	(CO3)-2	0	0
HYDROXIDE	(OH)-1	0	0
SULFATE	(SO4)-2	31.2	1500
CHLORIDES	(CL)-1	34	1200
DISSOLVED GASES			
CARBON DIOXIDE	(CO2)	NOT RUN	
HYDROGEN SULFIDE	(H2S)	NOT RUN	
OXYGEN	(O2)	NOT RUN	
IRON(TOTAL)	(FE)	NOT RUN	
BARIUM	(BA)+2	NOT RUN	
MANGANESE	(MN)	NOT RUN	

IONIC STRENGTH (MOLAL) = .118

SCALING INDEX

TEMP

CARRONATE INDEX	30C
CALCIUM CARBONATE SCALING	86F
	.768
	LIKELY
CALCIUM SULFATE INDEX	-1.3
CALCIUM SULFATE SCALING	UNLIKELY

UNICHEM INTERNATIONAL

601 NORTH LEECH

P.O. BOX 1499

HOBBS, NEW MEXICO 88240

COMPANY : BLANCO ENGINEERING
 DATE : 7-19-84
 FIELD, LEASE & WELL : WATERWELL #1
 SAMPLING POINT :
 DATE SAMPLED : 7-17-84

SPECIFIC GRAVITY = 1.001
 TOTAL DISSOLVED SOLIDS = 4377
 PH = 7.59

		ME/L	MG/L
CATIONS			
CALCIUM	(CA)+2	30	601
MAGNESIUM	(MG)+2	29	352
SODIUM	(NA).CALC.	14.3	328
ANIONS			
BICARBONATE	(HCO3)-1	3.6	219
CARBONATE	(CO3)-2	0	0
HYDROXIDE	(OH)-1	0	0
SULFATE	(SO4)-2	30.7	1475
CHLORIDES	(CL)-1	39	1400
DISSOLVED GASES			
CARBON DIOXIDE	(CO2)	NOT RUN	
HYDROGEN SULFIDE	(H2S)	NOT RUN	
OXYGEN	(O2)	NOT RUN	
IRON(TOTAL)	(FE)	NOT RUN	
BARIUM	(BA)+2	NOT RUN	
MANGANESE	(MN)	NOT RUN	

IONIC STRENGTH (MOLAL) = .119

SCALING INDEX	TEMP
CARBONATE INDEX	30C
CALCIUM CARBONATE SCALING	86F
	.840
	LIKELY
CALCIUM SULFATE INDEX	-1.4
CALCIUM SULFATE SCALING	UNLIKELY

UNICHEM INTERNATIONAL

601 NORTH LEECH

P.O. BOX 1499

HOOPS, NEW MEXICO 88240

COMPANY : BLANCO ENGINEERING
 DATE : 7-19-84
 FIELD, LEASE & WELL : CHEVRON-C.R. MARTIN #1
 SAMPLING POINT: WELLHEAD
 DATE SAMPLED : 7-17-84

SPECIFIC GRAVITY = 1.03
 TOTAL DISSOLVED SOLIDS = 44903
 PH = 7.12

		ME/L	MG/L
CATIONS			
CALCIUM	(CA)+2	53.3	1068.
MAGNESIUM	(MG)+2	24.6	299.
SODIUM	(NA), CALC.	693.	15936.
ANIONS			
BICARBONATE	(HCO3)-1	8.4	512.
CARBONATE	(CO3)-2	0	0
HYDROXIDE	(OH)-1	0	0
SULFATE	(SO4)-2	1.7	86
CHLORIDES	(CL)-1	761	27000
DISSOLVED GASES			
CARBON DIOXIDE	(CO2)	NOT RUN	
HYDROGEN SULFIDE	(H2S)	NOT RUN	
OXYGEN	(O2)	NOT RUN	
IRON(TOTAL)	(FE)	NOT RUN	
BARIUM	(BA)+2	NOT RUN	
MANGANESE	(MN)	NOT RUN	

IONIC STRENGTH (MOLAL) = .825

SCALING INDEX

TEMP

CARBONATE INDEX	30C
CALCIUM CARBONATE SCALING	86F
	.238
	LIKELY
CALCIUM SULFATE INDEX	-54.
CALCIUM SULFATE SCALING	UNLIKELY

UNICHEM INTERNATIONAL

601 NORTH LEECH

P.O. BOX 1199

HOBBS, NEW MEXICO 88240

COMPANY : BLANCO ENGINEERING
 DATE : 7-19-84
 FIELD LEASE & WELL : WILLIAMS #8
 SAMPLING POINT : WELLHEAD
 DATE SAMPLED : 7-17-84

SPECIFIC GRAVITY = 1.135
 TOTAL DISSOLVED SOLIDS = 201607
 PH = 6.31

		ME/L	MG/L
CATIONS			
CALCIUM	(CA)+2	126.	2538.
MAGNESIUM	(MG)+2	143.	1742.
SODIUM	(NA).CALC.	3217.	73978.
ANIONS			
BICARBONATE	(HCO3)-1	9.8	597.
CARBONATE	(CO3)--2	0	0
HYDROXIDE	(OH)--1	0	0
SULFATE	(SO4)-2	78.0	3750
CHLORIDES	(CL)-1	3400	119000
DISSOLVED GASES			
CARBON DIOXIDE	(CO2)	NOT RUN	
HYDROGEN SULFIDE	(H2S)	NOT RUN	
OXYGEN	(O2)	NOT RUN	
IRON(TOTAL)	(FE)	NOT RUN	
BARIUM	(BA)+2	NOT RUN	
MANGANESE	(MN)	NOT RUN	

IONIC STRENGTH (MOLAL) = 3.903

SCALING INDEX	TEMP
	30C
	86F
CARBONATE INDEX	.379
CALCIUM CARBONATE SCALING	LIKELY
CALCIUM SULFATE INDEX	-9.6
CALCIUM SULFATE SCALING	UNLIKELY

IONIC STRENGTH IS TOO HIGH FOR CARBONATE METHOD

UNICHEM INTERNATIONAL

601 NORTH LEECH

P.O. BOX 1499

HOBBS, NEW MEXICO 88240

COMPANY : BLANCO ENGINEERING
 DATE : 7-19-84
 FIELD LEASE & WELL : SCRIPPS #4M
 SAMPLING POINT: WELLHEAD
 DATE SAMPLED : 7-17-84

SPECIFIC GRAVITY = 1.133
 TOTAL DISSOLVED SOLIDS = 196954
 PH = 6.21

		ME/L	MG/L
CATIONS			
CALCIUM	(CA)+2	140	2805.
MAGNESIUM	(MG)+2	120	1458.
SODIUM	(NA).CALC.	3133.	72048.
ANIONS			
BICARBONATE	(HCO3)-1	10	610.
CARBONATE	(CO3)-2	0	0
HYDROXIDE	(OH)-1	0	0
SULFATE	(SO4)-2	83.9	4031.
CHLORIDES	(CL)-1	3300	116000
DISSOLVED GASES			
CARBON DIOXIDE	(CO2)	NOT RUN	
HYDROGEN SULFIDE	(H2S)	NOT RUN	
OXYGEN	(O2)	NOT RUN	
IRON(TOTAL)	(FE)	NOT RUN	
BARIUM	(BA)+2	NOT RUN	
MANGANESE	(MN)	NOT RUN	

IONIC STRENGTH (MOLAL) = 3.802

SCALING INDEX


TEMP

	30C
	86F
CARBONATE INDEX	.298
CALCIUM CARBONATE SCALING	LIKELY
CALCIUM SULFATE INDEX	-1.3
CALCIUM SULFATE SCALING	UNLIKELY

IONIC STRENGTH IS TOO HIGH FOR CARBONATE METHOD

AFFIRMATIVE STATEMENT

I have examined the available geologic and engineering data for this project and I found no evidence of open faults or any other hydrologic connection between the disposal zone and any underground source of drinking water.



Paul G. White, President
Blanco Engineering, Inc.

U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
PRODUCTION OFFICE		

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

NOV 8 1976

Operator
Yates Petroleum Corporation

Address
207 South 4th Street - 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)

If change of ownership give name and address of previous owner

D. C. C.
ARTESIA, OFFICE

Yates Petr. Corp.
Flint "GU" #1

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Flint "GU"	1	Atoka San Andres	State, Federal or Fee	Fee
Location				
Unit Letter	J	1650 Feet From The	South Line and	2310' Feet From The
Line of Section		22	Township	18S
			Range	26E
				NMPLM, Bddy
				County

22-18S-26E
NW SE
Unit--J

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Company	No. Freman Ave - Artesia, NM 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)
Yates Petroleum Corporation	207 South 4th Street - Artesia, NM 88210
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	J 22 18S 26E Yes 11-5-76

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 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 Prod. <input type="checkbox"/>	Dist. Restv. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10-14-76	11-5-76	1833'	1816'					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3324'	San Andres	1705'	1689'					
Perforations	1705-1753 1/2'		Depth Casing Shoe	1316'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
9 1/2"	7"	1165'	500					
6 1/2"	4 1/2 & 5 1/2"	1816'	175					
	2-3/8"	1689'						

V. 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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11-5-76	11-8-76	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	24#	-	-
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
93.1	81.1	12 BLW	128
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Christine Tomlinson
(Signature)

Christine Tomlinson - Geol. Secty

11-8-76

(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 9 1976

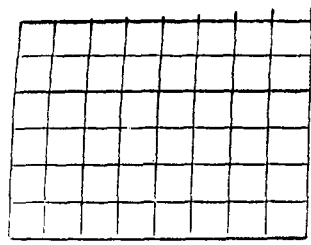
BY *W.A. Gressitt*

TITLE 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 production 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.

..... OIL CONSERVATION COMMISSION

Santa Fe, New Mexico



AREA 640 ACRES
LOCATE WELL CORRECTLY

WELL RECORD

Mail to District Office, Oil Conservation Commission, to which Form C-101 was sent not later than twenty days after completion of well. Follow instructions in Rules and Regulations of the Commission. Submit in QUINTUPPLICATE. If State Land submit 6 Copies

Magnolia Petroleum Company J. R. Lee
(Company or Operator) (Lessee)

Well No. 1, in NW $\frac{1}{4}$ of NE $\frac{1}{4}$, of Sec. 22, T. 18S, R. 26E, NMPM.
Undesignated Pool, Eddy County.
 Well is 1980 feet from East line and 660 feet from North line
 of Section 22. If State Land the Oil and Gas Lease No. is.....
 Drilling Commenced August 2, 1956 Drilling was Completed August 21, 1956.
 Name of Drilling Contractor Shelro Drilling Company
 Address Box 1156, Lovington, New Mexico
 Elevation above sea level at Top of Tubing Head 3336. The information given is to be kept confidential until
, 19.....

OIL SANDS OR ZONES

No. 1, from..... to..... No. 4, from..... to.....
 No. 2, from..... to..... No. 5, from..... to.....
 No. 3, from..... to..... No. 6, from..... to.....

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from..... to..... feet.
 No. 2, from..... to..... feet.
 No. 3, from..... to..... feet.
 No. 4, from..... to..... feet.

CASING RECORD

SIZE	WEIGHT PER FOOT	NEW OR USED	AMOUNT	KIND OF SHOT	CUT AND PULLED FROM	PERFORATIONS	PURPOSE
8 5/8	29#	Used	1135'				Surface
5 9/16	15#	New	1772'				Oil String

MUDDING AND CEMENTING RECORD

SIZE OF HOLE	SIZE OF CASING	WHERE SET	NO. SACKS OF CEMENT	METHOD USED	MUD GRAVITY	AMOUNT OF MUD USED
11"	8 5/8	1135'	700	Pump & Plug		
7 7/8	5 9/16	1772'	600	Pump & Plug		

RECORD OF PRODUCTION AND STIMULATION

(Record the Process used, No. of Qrs. or Gals. used, interval treated or shot.)

(See Attachment)

Result of Production Stimulation.....
, 19.....
 Depth Cleaned Out.....

22-18S-26E
 NW NE,
 Premier Production Co.
 J.R. Lee #1 Ut. B

PROOF OF NOTICE

STATE OF NEW MEXICO)
 : ss.
COUNTY OF EDDY)

The undersigned, being first duly sworn, upon oath, states that on the 15th day of August, 1984, the undersigned did mail in the United States Post Office at Artesia, New Mexico, true copies of the foregoing Application for Authorization to Inject, in securely sealed, certified mail, return receipt requested, postage prepaid envelopes, addressed to the following named owners of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location:

Marathon Oil Company
P. O. Box 552
Midland, Texas 79702

Amoco Production Company
P. O. Box 3092
Houston, Texas 77001

DEPCO, Inc.
1000 Petroleum Building
110 Sixteenth Street
Denver, Colorado 80202

Mobil Producing Texas &
New Mexico, Inc.
2815 Cimarron
Midland, Texas 79701

Hanagan Petroleum Corporation
P. O. Box 1737
Roswell, New Mexico 88201

Mr. Robert N. Enfield
P. O. Box 2431
Santa Fe, New Mexico 87501

Gulf Oil Corporation
P. O. Box 1150
Midland, Texas 79702

J. M. Huber Corporation
1900 Wilco Building
Midland, Texas 79701

Flag-Redfern Oil Company
P. O. Box 2280
Midland, Texas 79702

Maddox Energy Corporation
The Blanks Bldg., Suite 906
Midland, Texas 79701

Mr. David Fasken
608 First National Bank Bldg.
Midland, Texas 79701

Mr. William G. Ross
P. O. Box 86
Midland, Texas 79702

Mewbourne Oil Company
1010 Wall Towers West
Midland, Texas 79701

Mr. Dean E. Wolf
P. O. Box 8485
Midland, Texas 79701

Chevron U.S.A., Inc.
P. O. Box 1660
Midland, Texas 79702

Felmont Oil Corporation
P. O. Box 2266
Midland, Texas 79702

Southland Royalty Company
1100 Wall Towers West
Midland, Texas 79701

Ms. Jean Joyce
One Yon Road
Huntington, New York 11743

W. E. Flint Trust Account
c/o Lucille Dailey, Trust Officer
Moncor Bank, Inc.
P. O. Box 3288
Albuquerque, New Mexico 87190

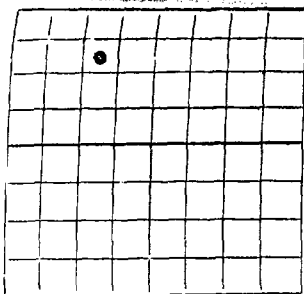
Patti Menefee
Patti Menefee

SUBSCRIBED AND SWORN TO before me this 15 day of
August, 1984.

Jean C. Belling
Notary Public

My commission expires:
1-27-85

This form is to be used for reporting deliverability tests in the designated area of the State of New Mexico.



AREA 440 ACRES
LOCATE WELL CORRECTLY

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico RECEIVED

JAN 28 1960

WELL RECORD
O. O. O.
ARTESIA, OFFICE

Mail to District Office, Oil Conservation Commission, to which Form C-101 was sent not later than twenty days after completion of well. Follow instructions in Rules and Regulations of the Commission. Submit in QUINTUPLICATE. If State Land submit 6 Copies

L. Ingram
 NE NM
 Unit-C
 27-18S-26E
 #2

AREA 440 ACRES
 LOCATE WELL CORRECTLY

Nearburg & Ingram (Company of Operator) **Hawkins** (Lease)

Well No. 2, in NE $\frac{1}{4}$ of NW $\frac{1}{4}$ of Sec. 27, T. 18-S, R. 26-E, NMPM.

Well is Wildcat Pool, Eddy County.

Well is 990 feet from North line and 1650 feet from West line of Section 27. If State Land the Oil and Gas Lease No. is.....

Drilling Commenced 11/5/59, 19..... Drilling was Completed 12/31, 19 59.

Name of Drilling Contractor Yates Drilling Company.

Address Artesia, New Mexico.

Elevation above sea level at Top of Tubing Head 3330'. The information given is to be kept confidential until....., 19.....

OIL SANDS OR ZONES

No. 1, from 6350 to 6400 No. 4, from..... to.....
 No. 2, from 6840 to 6880 No. 5, from..... to.....
 No. 3, from 9150 to 9172 No. 6, from..... to.....

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from..... to..... feet.
 No. 2, from..... to..... feet.
 No. 3, from..... to..... feet.
 No. 4, from..... to..... feet.

CASING RECORD

SIZE	WEIGHT PER FOOT	NEW OR USED	AMOUNT	RIND OF SHOE	CUT AND PULLED FROM	PERFORATIONS	PURPOSE
8-5/8"	24#-J	New	1270	HOWC	0		Surface
5-1/2"	15.5-J & 17#-N80	New	9318	HOWC	0	9150-9158	Oil
2-7/8"	6.5#-J	New	9108	--	0		Tubing

MUDDING AND CEMENTING RECORD

SIZE OF HOLE	SIZE OF CASING	WHERE SET	NO. BAGS OF CEMENT	METHOD USED	MUD GRAVITY	AMOUNT OF MUD USED
11"	8-5/8	1270	550	Pump		
7-7/8	5-1/2	9318	600	Pump	9.7#	

RECORD OF PRODUCTION AND STIMULATION

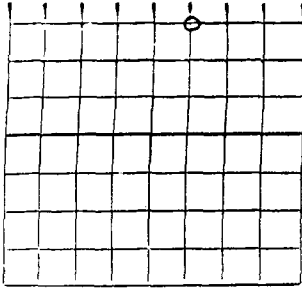
(Record the Process used, No. of Qts. or Gals. used, interval treated or shot.)

Acidized perforations 9150-58' with 500 gallons MCA

Result of Production Stimulation Calculated absolute open flow = 7,600 MCFPD + 22 bbls distillate/MICE

Depth Cleaned Out 9266'

91
92



AREA 640 ACRES
LOCATE WELL CORRECTLY

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

WELL RECORD

Mail to District Office, Oil Conservation Commission, to which Form C-101 was sent not later than twenty days after completion of well. Follow instructions in Rules and Regulations of the Commission. Submit in QUINTUPLICATE. If State Land submit 6 Copies

Hearburg & Ingram (Company or Operator) Hawkins (Land)

Well No. 1, in 1/4 of NE of Sec. 27, T. 18S, R. 26E, NMPM.
Undesignated Pool, Lddy County.
 Well is 660 feet from North line and 1980 feet from East line of Section 27. If State Land the Oil and Gas Lease No. is _____
 Drilling Commenced Nov. 24, 1958. Drilling was Completed Jan. 5, 1959.
 Name of Drilling Contractor S. P. Yates Drilling
 Address _____
 Elevation above sea level at Top of Tubing Head 3315 Gr. The information given is to be kept confidential until _____, 19____.

OIL SANDS OR ZONES

No. 1, from _____ to _____ No. 4, from _____ to _____
 No. 2, from _____ to _____ No. 5, from _____ to _____
 No. 3, from _____ to _____ No. 6, from _____ to _____

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.
 No. 1, from _____ to _____ feet.
 No. 2, from _____ to _____ feet.
 No. 3, from _____ to _____ feet.
 No. 4, from _____ to _____ feet.

CASING RECORD

SIZE	WEIGHT PER FOOT	NEW OR USED	AMOUNT	KIND OF SHOE	CUT AND PULLED FROM	PERFORATIONS	PURPOSE
8-5/8"	24#	New	1238'	HOWC	-0-		Surface
5-1/2"	14#	New	6260'	HOWC	-0-	see Remarks	Production

MUDDING AND CEMENTING RECORD

SIZE OF HOLE	SIZE OF CASING	WHERE SET	NO. SACKS OF CEMENT	METHOD USED	MUD GRAVITY	AMOUNT OF MUD USED
11	8-5/8	1238'	500	Pump (circulated)		
7-7/8	5-1/2	6260'	400	Pump		

RECORD OF PRODUCTION AND STIMULATION

(Record the Process used, No. of Qts. or Gals. used, interval treated or shot.)

- Perf. 5954-64 & 5966-76; A/10,500 sh-oil & gas, Re-A/20,000 Swb sulf. wtr. Squeezed with 75
- Perf. 5324-40; 5346-62; 5368-80; A/10,000, Swb sulf. wtr.
- Perf. 5180-5200; 5243-68; A/500, Swb sulf. wtr.
- Perf. 5070-90; 5124-34; 5142-56; A/3000, Swb dry with show oil & gas
- Perf. 4843-63; 4920-40; A/500, Swb sulf. wtr.
- Perf. 5528-38; 5544-54; A/500, Swb sulf. wtr. Depth Cleaned Out _____

27-185-26B
 NM NE
 DISTRICT D

U.S.G.S.	2	✓
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PROBATION OFFICE		

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

NOV 29 1976

I. Operator Yates Petroleum Corporation ✓ O.C.C.
 Address 207 South 4th Street - 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

II. DESCRIPTION OF WELL AND LEASE
 Lease Name Hawkins "GY" Well No. 1 Pool Name, including Formation Atoka San Andres Kind of Lease State, Federal or Fee Lease No. Fee
 Location
 Unit Letter C; 430 Feet From The North Line and 1830 Feet From The West
 Line of Section 27 Township 18S Range 26E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Navajo Crude Oil Purchasing Company Address (Give address to which approved copy of this form is to be sent)
No. Freeman Ave. - Artesia, NM 88210
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
Yates Petroleum Corporation Address (Give address to which approved copy of this form is to be sent)
207 South 4th Street - Artesia, NM 88210
 If well produces oil or liquids, give location of tanks. Unit C Sec. 27 Twp. 18S Rge. 26E Is gas actually connected? yes When 11-17-76

IV. COMPLETION DATA
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Hole, Diff. Rest.
 Date Spudded 10-22-76 Date Compl. Ready to Prod. 11-17-76 Total Depth 1850' P.B.T.D. 1796'
 Elevations (DF, RKB, RT, GR, etc.) 3324' GR Name of Producing Formation San Andres Top Oil/Gas Pay 1649' Tubing Depth 1636'
 Perforations 1649-1792' Depth Casing Shoe 1796'
 TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>9 1/2"</u>	<u>7"</u>	<u>1155' KB</u>	<u>700</u>
<u>6 1/2"</u>	<u>4 1/2 & 5 1/2"</u>	<u>1796'</u>	<u>175</u>
	<u>2-3/8"</u>	<u>1636'</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 11-17-76 Date of Test 11-22-76 Producing Method (Flow, pump, gas lift, etc.) Pumping
 Length of Test 24 hrs Tubing Pressure 25 Casing Pressure 12 BW Choke Size 93.4
 Actual Prod. During Test Oil - Bbls. 77.0 Water - Bbls. 12 BW Gas - MCF 93.4
 GAS WELL
 Actual Prod. Test - MCF/D 12-3-76 Length of Test 12-3-76 Bbls. Condensate/MCF 12-3-76 Gravity of Condensate 12-3-76
 Testing Method (pilot, back pr.) 12-3-76 Tubing Pressure (shut-in) 12-3-76 Casing Pressure (shut-in) 12-3-76 Choke Size 12-3-76

VI. CERTIFICATE OF COMPLIANCE
 I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.
tie Tomlinson
 (Signature)
Secretary
 (Title)
24, 1976
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED NOV 30 1976, 19____
 BY W.A. Gressett
 TITLE SUPERVISOR, DISTRICT #1
 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.

Yates Petr. Corp.
 Hawkins "GY" #1
 DISTRICT #1
 27-18S-26E

RECEIVED

MAR 16 1977

LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
PROBATION OFFICE		/

Operator
Yates Petroleum Corporation **O. C. C.**
 Address
207 South Fourth Street - Artesia, NM 88210
 Reason(s) for filing (Check proper box)
 New Well Change in Transporter of: Oil Dry Gas
 Recompletion Oil Casinghead Gas Condensate
 Change in Ownership

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Hawkins "GY"	2	Atoka San Andres	State, Federal or Fee Fee	
Location				
Unit Letter	B	330	Feet From The North Line and 2310	Feet From The East
Line of Section	27	Township	18S	Range 26E, NMPL, Eddy County

III. 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)			
Navajo Crude Oil Purchasing Company	No. Freeman Ave. - 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)			
Yates Petroleum Corporation	207 So. 4th Street - Artesia, NM 88210			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Req.
	C	27	18S	26E
	Is gas actually connected? yes			When 3-8-77

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 level	Dist. Resrv.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
2-8-77	3-8-77	1920'	1813'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3318' GR	San Andres	1761'	1793'					
Perforations	Depth Casing Shoe							
1761-1813'	1903'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
9 1/2"	7"	1172'	750					
6 1/4"	4 1/2" & 5 1/2"	1903'	175					
	2-3/8"	1793'						

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.)		
3-8-77	3-13-77	Pumping		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 hrs			3-18-77	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
27.1	13.1	14.0 BLW	13.5	

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Christine Tomlinson
 (Signature)

Christine Tomlinson - Geological Secretary
 (Title)

3-15-77
 (Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 17 1977, 19__

BY W. A. Gressett

TITLE 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 certain 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 re-completed 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.

Yates Petr. Corp.
 Hawkins "GY" #2
 Unit--B
 27-18S-26E
 NW NE

FILED	
INDEXED	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>
REGISTRATION OFFICE	

SANTA FE, NEW MEXICO 87501

DEC 12 1983

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Gas <input type="checkbox"/>	
Change in Transporter of: 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 Hawkins GY	Well No. 3	Field Name, Including Formation Atoka San Andres	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter C 990 Feet From The North Line and 2310 Feet From The West					
Line of Section 27 Township 18S Range 26E NMDR Eddy					

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)
Navajo Crude Oil Purchasing Co.	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)
Yates Petroleum Corporation	207 S. 4th, Artesia, NM 88210
If well produces oil or liquids, give location of tanks	Is gas actually connected? When
Unit C Sec. 27 Twp. 18S Rge. 26E	Yes 12-8-83

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"/> Some Other <input type="checkbox"/> Etc. <input type="checkbox"/>
Date Shaded 11-11-83	Date Compl. Ready to Prod. 12-8-83	Total Depth 1900'
Deviation (DF, RLB, RT, CR, etc.) 3323' GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 1503'
Perforations 1503-1801'		Depth Casing Shoe 1900'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	950'	550
7-7/8"	4-1/2"	1900'	450
	2-7/8"	1465'	

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)

Date First Flow Oil Run To Tanks 12-5-83	Date of Test 12-8-83	Producing Method (Flow, pump, gas lift, etc.) Pumping
Length of Test 24 hrs	Tubing Pressure 50#	Casing Pressure 50#
Actual Prod. During Test 135	Oil - Bbls. 38	Water - Bbls. 97
		Gas - MCF 37

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.

Luanna D. Proffitt
(Signature)
Production Supervisor

12-9-83
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 13 1983
Original Signed By
BY Leslie A. Clements
Supervisor District II

This form is to be filed in compliance with P.U.C. 1904.
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.

Yates Petroleum Corp.
Hawkins "GY" #3
DF. C
27-18S-26E
NE NW

SALES TAX		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

OCT 15 1976

I. OPERATOR

Operator
 Yates Petroleum Corporation ✓

Address
 207 South Fourth Street, 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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Nix "GP"	Well No. 1	Pool Name, including Formation Atoka San Andres	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>0</u> ; <u>990</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u>					
Line of Section <u>22</u>		Township <u>18S</u>	Range <u>26E</u>	, NMPM, <u>Eddy</u> County	

III. 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 Co.	Address (Give address to which approved copy of this form is to be sent) No. Freeman Ave, Artesia, NM 88210				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Yates Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 207 South 4th Street, Artesia, NM 88210				
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 22	Twp. 18S	Rge. 26E	Is gas actually connected? When Yes 10-9-76

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Prod. Well, Revis.
Date Spudded 9-18-76	Date Compl. Ready to Prod. 10-9-76		Total Depth 1850'		P.B.T.D. 1822'		
Elevations (DF, RKB, RT, CR, etc.) 3320' GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 1727'		Tubing Depth 1707'		
Perforations 1727-1752'					Depth Casing Shoe 1822'		
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
9 1/2"	7"		1216'		500 sacks		
6 1/4"	4 1/2 & 5 1/2"		1822'		175 sacks		
	2-3/8"		1707'				

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 10-9-76	Date of Test 10-13-76	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hrs.	Tubing Pressure 22#	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 65.1	Oil-Bbls. 52	Water-Bbls. 13.1 BLW	Gas-MCF 89.5

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Christine Tomlinson
 (Signature)
 Christine Tomlinson, Geo. Secty.
 (Title)
 10-14-76
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED OCT 18 1976
 BY W.A. Gressett
 TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with N.M.C. 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 production tests taken on the well in accordance with N.M.C. 111.
 All sections of this form must be filled out completely for allowables on new and re-completed 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.

Yates Petr. Corp.
 Nix "GP" #1
 22-18S-26E
 SW SE
 Unit--0

APPROVED BY	
DATE	
FILED	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>
OPERATOR	

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

RECEIVED BY
DEC 12 1983
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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"/>
Change in Ownership	<input type="checkbox"/>	Coasthead Gas	<input type="checkbox"/>
		Dry 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	Well No.	Pool Name, Including Extension	Kind of Lease	Fee	Lease
Krauss GF	2	Atoka SA	State, Federal or Fee		
Location					
Unit Letter	K	1750	Feet From The	South	Line and
					1750
			Feet From The	West	
Line of Section	22	Township	18S	Range	26E
					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)
Navajo Crude Oil Purchasing Co.	P.O. Box 159, Artesia, NM 88210
Name of Authorized Transporter of Coasthead 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)
Yates Petroleum Corporation	207 S. 4th, Artesia, NM 88210

Has well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range.	Is gas actually connected?	When
	K	22	18	26	Yes	12-10-83

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"/>	Side track <input type="checkbox"/>	Other <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
11-7-83	12-10-83		1800'		1789'			
Elevations (DP, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3330' GR	San Andres		1495'		1476'			
Perforations					Depth Casing Shoe			
1495-1698'					1800'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	20"	40'	
12-1/4"	8-5/8"	950'	550
7-7/8"	4-1/2"	1800'	450
	2-3/8"	1476'	

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 of hole for this depth or be for full 24 hours)

Date First Flow Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12-6-83	12-10-83	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	50#	50#	2"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
71	50	21	42

Post ID-2
12-16-83
Bony & BH
(8)

GAS WELL

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

Richard Doodlet
(Signature)
Production Supervisor
(Title)
12-12-83
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 13 1983 19

BY Original Signed By
Leslie A. Clements

TITLE Supervisor District II

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

If this is a request for allowable for a newly drilled or deepening well, this form must be accompanied by a tabulation of the deviator 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 conditions.

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

Yates Petroleum Corp.
Krauss "GF" #2
UL, K
22-18S-26E
NE 5W

G.S.		
D OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
REGISTRATION OFFICE		1

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

MAY 27 1976

O. C. C.
ARTESIA, OFFICE

I. OPERATOR

Operator: Yates Petroleum Corporation

Address: 207 South 4th Street - Artesia, NM 88210

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Krauss "GF"</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Atoka S.A.</u>	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter <u>K</u> ; <u>2310</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u>					
Line of Section <u>22</u> Township <u>18S</u> Range <u>26E</u> , NMPM, <u>Eddy</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>Navajo Crude Oil Purchasing Company</u>	<u>No. Freeman Ave - Artesia, NM 88210</u>	
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)	
<u>Yates Petroleum Corporation</u>	<u>207 So. 4th St - Artesia, NM 88210</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>K</u> Sec. <u>22</u> Twp. <u>18S</u> Rge. <u>26E</u>	Is gas actually connected? <u>Yes</u> When <u>5-23-76</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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>5-5-76</u>	Date Compl. Ready to Prod. <u>5-23-76</u>	Total Depth <u>1775'</u>	P.B.T.D. <u>1759'</u>					
Elevations (DF, RKB, RT, CR, etc.) <u>3334'</u>	Name of Producing Formation <u>San Andres</u>	Top Oil/Gas Pay <u>1625'</u>	Tubing Depth <u>1604'</u>					
Perforations <u>1625-1713'</u>		Depth Casing Shoe <u>1759'</u>						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<u>3 1/2"</u>	<u>7"</u>	<u>1155'</u>		<u>500</u>				
<u>6 1/4"</u>	<u>4 1/2 & 5 1/2"</u>	<u>1759'</u>		<u>175</u>				
	<u>2-3/8"</u>	<u>1604'</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 <u>5-23-76</u>	Date of Test <u>5-25-76</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24</u>	Tubing Pressure <u>30</u>	Casing Pressure <u>30</u>	Choke Size <u>-</u>
Actual Prod. During Test <u>91</u>	Oil-Bbls. <u>77.0</u>	Water-Bbls. <u>14.0 BLW</u>	Gas-MCF <u>102</u>

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Christine Tomlinson
(Signature)
Christine Tomlinson-Geol. Secty
(Title)
5-26-76
(Date)

OIL CONSERVATION COMMISSION

MAY 28 1976

APPROVED _____ 19 _____
BY W. A. Gressett
TITLE 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.

YATES PETR. CORP.
Krauss GF #1
22-18S-26E
NE SW
Unit--K

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
PERMIT TO TRANSPORT OIL AND NATURAL GAS

APPROVED BY: OIL
APPROVED BY: NATURAL GAS

DATE OF ISSUE: _____

RECEIVED BY
AUG 30 1983
O. C. D.
ARTESIA, OFFICE

Yates Petroleum Corporation ✓
207 South 4th St., Artesia, NM 88210

APPROVED BY: OIL
APPROVED BY: NATURAL GAS

APPROVED BY: OIL
APPROVED BY: NATURAL GAS

APPROVED BY: OIL
APPROVED BY: NATURAL GAS

Navajo Crude Oil Purchasing Co.
Yates Petroleum Corporation

Box 159, Artesia, NM 88210
207 S. 4th, Artesia, NM 88210

Designate Type of Completion - (X)	Oil Well	Gas Well	Flow Well	Water Well	Deepen	Plug Well
X	X					
7-22-83	8-19-83		1750'			1735'
3340' GR	San Andres		1585'			1510'
	1585-1679'					1750'

HOLES	DATE	DEPTH SET	WELL CEMENT
14-3/4"	10-3/4"	355'	225
9-7/8"	7"	1137'	550
6-1/4"	4-1/2"	1750'	175
	2-3/8"	1510'	

DATE	TIME	PRODUCTION METHOD	CHAIN SIZE
8-14-83	8-19-83	Pumping	2"
24 hrs	30#	30#	60
81	56	25	

APPROVED BY	LENGTH OF TEST	DATE	GRAVITY OF CONDENSATE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been explained and that the information furnished herein is true and complete to the best of my knowledge and belief.

J. A. Clements
Production Supervisor
8-29-83

OIL CONSERVATION COMMISSION
AUG 31 1983

APPROVED: _____
Original Signed By
Leslie A. Clements
Supervisor District II

TITLE: _____

This permit is to be used in compliance with parts 1160, 1161, 1162, 1163, 1164, 1165, 1166, 1167, 1168, 1169, 1170, 1171, 1172, 1173, 1174, 1175, 1176, 1177, 1178, 1179, 1180, 1181, 1182, 1183, 1184, 1185, 1186, 1187, 1188, 1189, 1190, 1191, 1192, 1193, 1194, 1195, 1196, 1197, 1198, 1199, 1200.

Yates Petroleum Corp.
Krauss "GE" #2
22-18S-26E
UT. L

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR			
TRANSPORTER	OIL		
	GAS		
OPERATION OFFICE			

RECEIVED

Operator
Yates Petroleum Corporation ✓ MAY 18 1976

Address
 207 South 4th Street - Artesia, NM 88210 O. C. C.

Reason(s) for filing (Check proper box) ARTESIA, OFFICE

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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Krauss "GE"	Well No. 1	Pool Name, including permission Atoka S. A.	Kind of Lease State, Federal or Fee FREE	Lease No.
Location				
Unit Letter L	2310	Feet From The South	Line and 330	Feet From The West
Line of Section 22	Township 18S	Range 26E	NMPM	County Lady

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Lavajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) No. Freeman Ave-Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Yates Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 207 South 4th Street-Artesia, NM 88210					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 22	Twp. 18S	Rge. 26E	Is gas actually connected? Yes	When 5-15-76

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 <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 Resrv. <input type="checkbox"/>	Diff. Resrv. <input type="checkbox"/>
Date Spudded 4-30-76	Date Compl. Ready to Prod. 5-15-76	Total Depth 1745'	P.B.T.D. 1732'					
Elevations (DF, RAB, RT, GR, etc.) 3350' GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 1551½'	Tubing Depth 1531'					
Perforations 1551½-1671' San Andres							Depth Casing Shoe 1732'	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
9½"	7"	1210'	500					
6¾"	4½&5½"	1732'	175					

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 5-15-76	Date of Test 5-17-76	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure 45	Casing Pressure 45	Choke Size -
Actual Prod. During Test 97.6	Oil - Bbls. 85.2	Water - Bbls. 12.4 BLW	Gas - MCF 121

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Christine Tomlinson
 (Signature)
Christine Tomlinson-Geol. Secty
 (Title)
5-17-76
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 18 1976**, 19____
 BY W. A. Gressett
SUPERVISOR, DISTRICT II
 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 1111.
 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.

YATES PETR. CORP.
 Krauss GE #1

22-18S-26E
 NW SW
 Unit--1

U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

RECEIVED

MAR 16 1977

Operator
Yates Petroleum Corporation **O. C. O.**

Address
207 South Fourth Street - Artesia, NM 88210

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of Oil

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Joyce "HG"	Well No. 1	Pool Name, including Formation Atoka San Andres	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter P	990	Feet From The South Line and	990	Feet From The East
Line of Section 22	Township 18S	Range 26E	N.M.P.M.	County Eddy

III. 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)
Navajo Crude Oil Purchasing Company	No. Freeman Ave. - 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)
Yates Petroleum Corporation	207 So. 4th Street - Artesia, NM 88210
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit Sec. Twp. Rge. P 22 18S 26E	yes 3-1-77

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 1-27-77	Date Compl. Ready to Prod. 3-1-77	Total Depth 1900'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3315' GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 1663'	Tubing Depth 1646'					
Perforations 1663-1792'			Depth Casing Shoe 1900'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
9 1/2"	7"	1202'	500					
6 1/2"	4 1/2 & 5 1/2"	1900'	175					
	2-3/8"	1646'						

IV. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run to Tanks 3-1-77	Date of Test 3-12-77	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 21.5	Oil-Bbls. 9.0	Water-Bbls. 12.5	Gas-MCF 11.2

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

V. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Christine Tomlinson
 (Signature)

Christine Tomlinson - Geological Secty.

(Title)

3-15-77

OIL CONSERVATION COMMISSION

MAR 17 1977

APPROVED _____, 19

BY *W.A. Gressett*

TITLE **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 logs taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow able on new and re-completed wells. Fill out only Sections I, II, III, and VI for closures of wells.

11, 1978

Yates Petr. Corp.
 Joyce "HG" #1

Unit--P
 22-18S-26E
 SE SE

RECEIVED

MAR 3 1977

LAND OFFICE		
TRANSPORTER	OIL	7
	GAS	7
OPERATOR		1
PRODUCTION OFFICE		

Operator
 Yates Petroleum Corporation **O. C. C.**
 ARTESIA OFFICE

Address
 207 South 4th Street - 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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Flint "GU"	Well No. 2	Pool Name, including Formation Atoka San Andres	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>I</u> ; <u>2310</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u>				
Line of Section <u>22</u> Township <u>18S</u> Range <u>26E</u> , N.M.P.M. <u>ddy</u> County				

III. 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 Company	Address (Give address to which approved copy of this form is to be sent) No. Freeman Ave - Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Yates Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 207 South 4th Street - Artesia, NM 88210 88210
If well produces oil or liquids, give location of tanks. Unit <u>J</u> Sec. <u>22</u> Twp. <u>18S</u> Rge. <u>26E</u>	Is gas actually connected? <u>Yes</u> When <u>2-17-77</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 <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 as Prev. Well, Res. <input type="checkbox"/>
Date Spudded 1-20-77	Date Compl. Ready to Prod. 2-17-77		Total Depth 1975'		P.B.T.D. 1873'		
Elevations (DF, RKB, RT, GR, etc.) 3318' GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 1731'		Tubing Depth 1712'		
Perforations 1731-1811' San Andres					Depth Casing Shoe 1873'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9 5/8"	7"	1197'	116
8 1/2"	4 1/2"	1873'	176
	2-3/8"	1712'	

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 test allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 2-17-77	Date of Test 2-26-77	Producing Method (Flow, pump, gas lift, etc.) Pumped	
Length of Test 24 hrs	Tubing Pressure 20	Casing Pressure 20	Choke Size -
Actual Prod. During Test 30.3	Oil-Bbls. 20.3	Water-Bbls. 10 BW	Gas-MCF 21.0

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Christine Tomlinson
 (Signature)

Christine Tomlinson-Geol. Secty
 (Title)

3-2-77
 (Date)

OIL CONSERVATION COMMISSION

MAR 3 1977

APPROVED _____, 1977

BY *W. A. Gussert*
 SUPERVISOR, DISTRICT H

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 (whichever of the available 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.

Yates Petr. Corp.
 Flint "GU" #2
 Unit-1
 NE SE
 22-18S-26E

RECEIVED BY
 AUG 30 1983
 O. C. D.
 ARTESIA, OFFICE

Yates Petroleum Corporation ✓
 207 South 4th St., Artesia, NM 88210

Kind of Lease: Eads GA 2 Atoka San Andres

Unit: N 330 Feet From The South 2310 Feet From The West

Acres: 22 18s 26E N4E Eddy

Navajo Crude Oil Purchasing Co.
 Box 159, Artesia, NM 88210

Yates Petroleum Corporation
 207 S. 4th, Artesia, NM 88210

Well Name: N 330 18s 26E
 Date of Completion: 8-21-83

HOLE SIZE	CASING RUNNING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	10-3/4"	340'	225
9-7/8"	7"	952'	250
6-1/4"	4-1/2"	1800'	200
	2-3/8"	1591'	

8-18-83

8-21-83

24 hrs

30#

90

62

28

65

Length of Test	Gravimetric/ASTM
Gravimetric (Unit-14)	Gravimetric

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the data and information furnished hereon are true and complete to the best of my knowledge and belief.

Juente Goodlet
 Production Supervisor
 8-29-83

OIL CONSERVATION COMMISSION

APPROVED AUG 31 1983

Original Signed By
 Leslie A. Clements
 Supervisor District II

Produced Pursuant to Lease No. _____

Yates Petroleum Corp.
 Eads "GA" #2
 Ut. N
 22-18s-26E
 SE SW

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

MAY 10 1976

D OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

YATES PETR. CORP.
Eads "GA" #1

22-18S-26E
SE SW
UNIT--N

I. OPERATOR

Operator: Yates Petroleum Corporation ✓

Address: 207 South 4th Street - Artesia, NM

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:

Q. C. C.
ARTESIA, OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eads "GA"	Well No. 1	Pool Name, Including Formation Atoka S.A.	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>N</u> ; <u>990</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u>					
Line of Section <u>22</u> Township <u>18S</u> Range <u>26E</u> , NMPM, <u>Eddy</u> County					

III. 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)
Navajo Crude Oil Purchasing Company	No. Freeman Ave. - 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)
Yates Petroleum Corporation	207 South 4th Street-Artesia, NM 88210
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When.
	N 22 18S 26E Yes 5-3-76

984

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 <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 Resrv. <input type="checkbox"/>	Diff. Resrv. <input type="checkbox"/>
Date Spudded 4-18-76	Date Compl. Ready to Prod. 4-29-76		Total Depth 1745'		P.B.T.D. 1732'			
Elevations (DF, RKB, RT, GR, etc.) 3323' CR	Name of Producing Formation San Andres		Top Oil/Gas Pay 1611		Tubing Depth 1591			
Perforations 1611-1732½'					Depth Casing Shoe 1732'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9½"	7"		1157'		500 sacks			
6¼"	4½ & 5½"		1732'		175 sacks			
	2-3/8"		1591'					

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 on for full 24 hours)

Date First New Oil Run To Tanks 5-2-76	Date of Test 5-5-76	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 40	Casing Pressure 40	Choke Size - <i>5-14-76</i>
Actual Prod. During Test 98.0	Oil-Bbls. 84.7	Water-Bbls. 13.3 LW	Gas-MCF 122

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Christine Tomlinson
(Signature)

Christine Tomlinson-Geol. Secty

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 10 1976, 19

BY W. A. Sessett

TITLE 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.