Submit 5 Cepies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

43116

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II
P.O. Drawer DD, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATIO

I.	11201	TOTRA	NSPO	ORT OIL	L AND NA	TURA	L GA	S				
Operator VATES DETROLEUM CODDONATION								Well API No. 30-005-60699				
YATES PETROLEUM CORPORATION 30 Address									-005-60	0699		
105 South 4th St.,	Artesi	a, NM	8821	.0								
Reason(s) for Filing (Check proper box)					Oth	r (Please	expla	in)				
New Well Recompletion	Change in Transporter of: Oil											
Change in Operator	Casinghea	_	Conden		E I We	ell is	ve i Te	mporar:	January ily Aban	1, 1991 doned.	,	
if change of operator give name												
and address of previous operator	4315.4.5											
II. DESCRIPTION OF WELL Lease Name	ding Formation K				d of Lease No.							
Savage NI Fede:									Federal or Fee NM-25473			
Location								• • • • • • • • • • • • • • • • • • • •				
Unit LetterG	_ :	2310	Feet Fro	m The NO:	rth_Line	and	165	<u>0</u> F	eet From The	East	Line	
Section 30 Township 6S Range 26E , NMPM, Chaves County												
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS												
Name of Authorized Transporter of Oil												
Name of Authorized Transporter of Casin	ignead Gas		PEUN	hg 11.1	PASGRESS (GIW	e aaaress	IO Whi	ch approved	l copy of this f	orm is to be se	ini)	
If well produces oil or liquids,	Rge.	. Is gas actually connected? When				a ?						
give location of tanks.	G	30	6S	26E		NO		L				
If this production is commingled with that IV. COMPLETION DATA	from any oth	ner lease or p	pool, give	e comming!	ing order numb	er: _						
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	Workov	rer	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth				P.B.T.D.	.n	<u></u>	
					7				P.B.T.D.			
Elevauous (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
Perforations									Denth Casing Shoe			
-/					1 020	1 120						
731	TUBING, CASING AND								,			
(FOLE SIZE	CASING & TUBING SIZE				DEPTH SET				5	SACKS CEMENT		
7.00												
(300												
V. TEST DATA AND REQUES	ST FOR A	TIOWA	RLE	- 								
OIL WELL (Test must be after t				l and must .	be equal to or i	xceed to	o allon	able for thi	s depth or be f	or full 24 how	rs.)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, et					, , , , , , , , , , , , , , , , , , , ,		
Looph of Total									1	·		
Length of Test	Tubing Pressure			i	Casing Pressure			ļ	Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			N O Hes-MCF / - TAX			
	<u> </u>	· 			· · · · · · · · · · · · · · · · · · ·					- IAX		
GAS WELL	T					!	1	- 1	•			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condens	IE/MMC	F		Gravity of Co	ondensates	;	
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size	Choke Size		
					Bouls of							
VI. OPERATOR CERTIFIC	ATE OF	COMPL	LIANC	CE						.		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION							
is true and complete to the best of my k	DEC 1 4 1990											
11.00 - 11.0 -	Date Approved											
JULUUTA LO	By MIKE MIKE BY											
Signature Juanita Goodlett - Production Supvr.					WILL WILLIAMS							
Printed Name Title					Title							
12-14-90 Date												

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.