Held for notice of Conn. Lend that matheway

Choke Size Casing Pressure Tubing Pressure Length of Test

Gas - MCF Water - Bble. Actual Pred. During Test Cil-Bble. GAS WELL Gravity of Condensate Bals. Condensate/MMCF Length of Test

Actual Frod. Tool-MCF/D 4 hrs 167 Choke Size Casing Pressure (Shut-in) Tubing Preseure (Shut-in) Testing Method (pitot, back pr.) 1/2" 148 Packer Back Pressure

71. 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.

Engineering Secretary

(Tile)

5-6-82 (Date) OIL CONSERVATION DIVISION

APPROVED_ · BY____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despensa-well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MUCK 111.

All sections of this form must be filled out completely for allowable on new and recompleted walls.

Fill out only Sections I. II. III, and VI for changes of owner wall name or number, or transporter, or other such change of condition

Separate Forms C-104 must be filled for each pool in multipay condition walls.

TTWP.

6s

+ 25e

Gas Well

Unit

Н

1 32

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

Oil Well

5-3-82

Abo

CASING & TUBING SIZE

10-3/4"

4-1/2"

2-3/8"

20"

Date of Test

C:1 - b:4.

Engineering Secretary (Tule)

(Dute)

5-6-82

Tubing Pressure

Length of Test

4 hrs

148

Tubing Presewe (Shut-in)

Date Compl. Ready to Prod.

Name of Producing Formation

If well produces oil or liquids, give location of tanks.

Lievations (DF, RKB, RT, GR, etc.) 3824.6 GR

HOLE SIZE

14 - 3/4

7-7/8"

24"

Date First New Oil Run To Tanks

Designate Type of Completion - (X)

3567-3768

TEST DATA AND REQUEST FOR ALLOWABLE

COMPLETION DATA

Date Soudded

4-5-82

Perforations

OIL WELL

1 ength of Test

GAS WELL

Actual Pred. During Test

Actual Prod. Tool-MCF/D

Teeting Method (pitot, back pr.)

CERTIFICATE OF COMPLIANCE

Back Pressure

167

TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET 40' 700 964 4099' 350 3520' (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.) Chose Size Casing Pressure Gas - MCF Water - Bbie. Gravity of Condensate Bble. Condensate/MMCF Casing Pressure (Shut-in) Choxe Size 1/2" OIL CONSERVATION DIVISION 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, APPROVED. TITLE __ This form is to be filed in compliance with null 1104, If this is a request for allowed le for a newly drilled or despens well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULK 111. All sections of this form must be filled out completely for allowable on new and recompleted walls. I'll out only Sections I. H. III, and VI for changes of owne well name or number, or transported or other such therite of condition

Separate Lorma C-104 must be filed for each pool in multiple condition wells.

Form C-104 Revised 10-1-78

Lease No.

LG-4334

Same Res'v. Dill. Hes'v

When Approx 6-8 wks

4062**'**

3520'

4099'

Plug Back

P.B.T.D.

Tubing Depth

Depth Casing Shoe

Is gas actually connected?

4100

3567'

Yes

Top Oil/Gas Pay

Χ Total Depth

OIL CONSERVATION DIVISION

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Form C-104 Revised 10-1-78

P. O. BOX 2088 SANTA FE, NEW MUXICO 8/501 MAY - 6 1982

REQUEST FOR ALLOWABLE

O. C. D.

OFFRATOR PAGNATION OFFICE	AND ARTESIA, OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS										
Yates Petrol	eum Corpor	ation									
Address											
207 South 4t		esia, N	M 88210	T	Other (Please	england					
New Well X		Transporte	r ol:	[0,						
Recompletion	on Dry Gos										
Change in Ownership	Casinghed	N Cos []	Conder	18010							
If change of ownership give name and address of previous owner			 			· · · · · · · · · · · · · · · · · · ·					
DESCRIPTION OF WELL AND	MASE Well No.	Pool Name	Including F	ermitton		Kind of Leas	0	Leane No.			
Sparrow SP State	2 Pecos Slope			Abo State, Federa			of or F•• State LG-4334				
Unit Letter H : 19	80Feet Fro.	m The N	lorth Lin	• and	660	_ Feet From	The <u>East</u>				
Line of Section 32 T	emosto 6S		Range	25E	, ммрм,	(Chaves	County			
DESIGNATION OF TRANSPORT	TER OF OIL	AND NAT	TURAL GA	<u>s</u>			/ / shee /osm to	to he sent			
Nome of Authorized Transporter of Cli		ondensate [_Xi	Box 159, Artesia, NM 88210							
Navajo Crude Oil Purchasing Co. Name of Authorized Transporter of Casing and Gas Co. or Dry Gas X							ved copy of this form is	to be sent)			
Transwestern Pipeline	Co.			I	521, Hous		· 77001				
If well produces oil or liquids, give location of tanks.	1	H 32 6s 25e			adity Connecte	1 ""					
If this production is commingled with COMPLETION DATA	th tat from an	y other lea	se or pool,								
Designate Type of Completic		il Well	Gas Well	New Well	Workover	Deepen	1	siv. Diff. Resiv.			
Date Spudded 4-5-82	Date Compl. Ready to Prod. 5-3-82		Total Depth 4100		P.B.T.D. 4062'						
Lievations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth					
3824.6' GR Abo				3567'		3520 Depth Casing Shoo					
3567-37681							4099'				
				CEMENT	DEPTH SE		SACKS CE	MENT			
HOLE SIZE	20"		3 3124	40 '							
14-3/4"	10-3/4"		964'		700						
7-7/8"	4-1/2"			4099' 3520'			350				
TEST DATA AND REQUEST F	OR ALLOWA	2-3/8" BLF (Te	est must be a	ler recovery		ne of load oil	and must be equal to or	exceed top allow			
OIL WELL		6.5	le for this de	nth or be for	full 24 hours. Method (Flow	<i>)</i>					
Date First New Oil Run To Tones	Date of Test	Date of Test									
Length of Test	Tubing Pressu	Tubing Pressure			eseur⊕		Choxe Size				
Actual Pred. During Test	CII-Bbls.			Water-Bbls.			Gae-MCF				
GAS WELL Actual Frod. Test-MCF/D	Length of Test			Bble. Condensate/MMCF			Gravity of Condensate				
167 Testing Nethod (parot, back pr.)	4 hrs Tubing Pressure(Shut-in)			Casing Pressure (Shut-in)			Chox+ Size				
Back Pressure	148			Packer			1/2"				
PERTIFICATE OF COMPLIANCE	CE						TION DIVISION				
hereby certify that the rules and regulations of the Dil Conservation pivision have been complied with and that the information given				APPROVED							
have is true and complete to the	best of my k	nowledge	and belief.								
				TITLE							
9, 11.				This form is to be filed in compliance with null 1104. If this is a request for allowable for a newly drilled or despense.							
(Signalue)				If this is a request for allowable for a newly distribution of the deviation well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.							
Engineering Secretary				All anctions of this form must be filled out completely for alle a							
(Tule)				able on new and recompleted walls.							
5-6-82				Fill out only Sections I. H. HI, and VI for charges of owner well name or number, or transporter, or other such thence of condition Separate Loring U-104 must be filed for each pool in multip.							
,	•			be;	orate lorms	i €'-104 moi	at the filled for worth t	1561 10 march.			

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Form C-104 Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

MAY - 6 1982

O. C. D.

CARD OFFICE		R ALLOWABLE	ARTESIA,	OFFICE				
OPERATOR GAS	AUTHORIZATION TO TRANS	(ND PORT OIL AND NATUI	RAL GAS					
PAGRATION OFFICE								
•	eum Corporation			*******************************				
207 South 4t	h St., Artesia, NM 88210							
Kenson(s) for filing (Check proper bos		Other (Please	explain)					
New Well	Change in Transporter al:							
Recompletion	OII Dry C	751						
Change in Ownership	Casinghead Gas Conde	nada []						
f change of ownership give name and address of previous owner		····						
DESCRIPTION OF WELL AND	LYASE Well No. Pool Name, Including F	ormation	Kind of Lease		Lease No.			
Sparrow SP State	2 Pecos Slop	e Abo	State, Federal	orF•• State	LG-4334			
Location Unit Letter <u>H</u> : 19	80 Feet From The North Lin	n• and <u>660</u>	Feet From T	he <u>East</u>				
Line of Section 32 T	whallo 6S Range	25E , NMPM,	. Cl	naves	County			
TOUR THE AMERICAN OF THE ANCHOR	TELLOF OUT AND NATURAL CA	10						
Name of Authorized Transporter of Cit	TEE OF OIL AND NATURAL G	Andress (Give address i	a which approve	ed copy of this form is t	o be sent)			
Navajo Crude Oil Purc	hasing Co.	Box 159, Artesia, NM 88210						
Name of Authorized Transporter of Ca		Address (Give address t			obe sent)			
Transwestern Pipeline		Box 2521, Houston, TX 77001 Is gas actually connected? When Approx 6-8 wks						
If well produces off or liquids, give location of tanks.	H 32 6s 25e	Yes	1	Approx 0-0 v	VK5			
f this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order	number:	Plug back Same Res	tv. Diff. Resty.			
Designate Type of Completic	on – (X) X	X	1	P.B.T.D.				
Date Spudded 4-5-82	Date Compl. Ready to Prod. 5-3-82	Total Depth 4100'		4062				
2824.6 GR	Name of Producing Formation Abo	Top Oil/Gas Pay 3567		Tubing Depth 35201				
Perforations				Depth Casing Shoe				
<u>3567-3768'</u>	TIBLIC CASING AND	D CEMENTING RECOR	<u>_</u>	4099 '				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CEMENT				
24"	20"	40'						
14-3/4"	10-3/4"	964'		700				
7-7/8"	4-1/2"	4099'		350				
CUCY DATA AND DECUEST F	DR ALLOWABLE (Test must be a	1 3520 1	ne of load oil a	nd must be equal to or e	xceed top allow-			
OIL WELL	able for this de	rnth or be for full 24 hours. Producing Method (Flow	<i>'</i>					
Date First New Oil Run To Tanks	Date of Test	Preducing Method (Fiber	. pump, g us «1/1)					
Length of Test	Tubing Pressure	Casing Pressure		Choxe Size				
Actual Pred. During Test	CII-BЫ.	Water-Bbis.		Gas-MOF				
CAE WEY I								
AS WELL ACTUAL Prod. Teet-MCF/D				Gravity of Concensate				
167	4 hrs							
leating Method (pitot, back pr.)	Tubing Presewe (Shut-in)	Casing Pressure (shut-		1/2"				
Back Pressure ERTIFICATE OF COMPLIANCE	<u>148</u>	~		ON DIVISION				
EMILION COM EME		11						
ivision have been complied with	egulations of the Oil Conservation and that the information given	APPROVED			19			
bove is true and complete to the	beat of my knowledge and belief.							
		TITLU This form is to be filed in compliance with mult 1104.						
	7) 11.11	This form is to	to filed in co	empliance with null	1104. rd or demorna			
Al and &	Joann	If this is a request for allowed by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accompanies with MUCK 111. All sections of this form must be filled out completely for allowable on new and recomplated walls. Fill out only Sections I. II. III, and VI for changes of owner tables.						
Engineering								
(Tu								
5-6-82								
. (1) u	well name or number, or transporter, or other and Change of countries hep-rate 1 orms C-104 must be filed for each pool in multiple.							
		H zaratika watika						

OIL CONSERVATION DIVISION RECEIVED P. O. BOX 2088

SANTA FE, NEW MEXICO BYSOI MAY - 9 1982

Form C-104 Revised 10-1-78

LAND OFFICE REQUEST FOR ALLOWABLE O. C. D. ORA AND ARTESIA OFFICE IMANSPORTER OFFRATOR PAGRATION OFFICE Operator Yates Petroleum Corporation Address 207 South 4th St., Artesia, NM 88210 Uther (Please explain) Reason(s) for liling (Check proper box) XNew Well Oil Recompletion Condensate Change in Ownershirt If change of ownership give name and address of previous owner ____ DESCRIPTION OF WELL AND LUASE Lease No. well No. | Pool Name, Including Formation Kind of Lease State LG-4334 2 Pecos Slope Abo Sparrow SP State Location 660 1980 Feet From The North Line and Feet From The <u>East</u> County 25E , NMPM, 32 Timesite 6S Range Line of Section DESIGNATION OF TRANSPORTED OF OIL AND NATURAL GAS

or Condensate [X] | Andress (Give address to which approved copy of this form is to be sent) None of Authorized Transporter of Cil Box 159, Artesia, NM 88210 Navajo Crude Oil Purchasing Co. Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casing, and Gas or Dry Gas [X] Box 2521, Houston, TX 77001 Transwestern Pipeline Co. When Approx 6-8 wks Is gus actually connected? Utit Twp. If well produces oil or liquids, give location of tanks. ! 32 Yes Н 6s If this production is commingled with that from any other lease or pool, give commingling order number: Same Resty, Diff. Resty COMPLETION DATA Plug Back New Well Deepen Oil Well Gas Well Designate Type of Completion -(X)Χ X P.B.T.D. Date Compl. Ready to Prod. Date Spudded 4062' 4100' 5-3-82 4-5-82 Top Oil/Gas Pay Tubing Depth Lievations (DF, RKB, RT, GR, etc.) Name of Producing Formation 3567**'** 3520' 3824.6' GR Depth Casing Shoe Perforations 40991 <u>3567-3768'</u> TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 20'' 40' 2411 700 964 10-3/4" 14 - 3/44099 350 4-1/2" 7-7/8" 3520' 2-3/8" (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Choke Size Casing Pressure Tubing Pressure Length of Test Gae - MCF Water - Bble. CII-Bbla. Actual Prod. During Test GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Length of Test Astual Frod. Test-MCF/D 4 hrs Coming Pressure (Shut-in) Chore Size Tubing Pressure (Shut-in) Teeting Method (puros, back pr.) 1/2" 148 Back Pressure OIL CONSERVATION DIVISION CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation pivision have been complied with and that the information given shove is true and complete to the best of my knowledge and belief. TITLE __ This form is to be filed in compliance with null 1104, If this is a request for allowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accompance with MULE 111. All sections of this form must be filled out completely for allowable on new and recompleted walls. Engineering Secretary (Tule) I'll out only Sections I. II. III, and VI for charges of owne-well name or number, or transporter, or other such charge of condition 5-6-82

(Dute)

Separate forms C-104 must be filed for each pool in multips considered walls.