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O. C. D.
ARTESIA, OFFICEREQUEST 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)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
O'Connell VX Federal	1	Pecos Slope Abo	Federal	NM 53957

Location
Unit Letter J ; 1790 Feet From The South Line and 1980 Feet From The East
Line of Section 9 Township 6S Range 26E , NMPM, Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	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 ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Co. <i>Yates Pet. Corp.</i>	Box 2521, Houston, TX 77001 <u>207 S. 4th St. Artesia, NM</u>

If well produces oil or liquids, give location of tanks. Unit J Sec. 9 Twp. 6S Rge. 26E
Is gas actually connected? Yes When approx 8-10-82
2-1-86

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<u>X</u>	<u>X</u>					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
<u>12-5-82</u>	<u>12-31-82</u>		<u>4350'</u>		<u>4279'</u>			
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<u>3614' GR</u>	<u>Abo</u>		<u>3736'</u>		<u>3696'</u>			
Perforations					Depth Casing Shoe			
<u>3736-3982'</u>					<u>4350'</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	<u>20"</u>	<u>40'</u>	
<u>14-3/4"</u>	<u>10-3/4"</u>	<u>901'</u>	<u>650</u>
<u>7-7/8"</u>	<u>4-1/2"</u>	<u>4350'</u>	<u>450</u>
	<u>2-3/8"</u>	<u>3696'</u>	

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u>211</u>	<u>6 hrs</u>	<u>-</u>	<u>-</u>
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
<u>Back Pressure</u>	<u>235</u>	<u>Packer</u>	<u>3/8"</u>

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.

Production Supervisor
(Title)1-4-83
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 19 1986, 19BY Original Signed By
Les A. ClementsTITLE Supervisor District II

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

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

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

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

Separate Forms C-104 must be filed for each pool in multiply completed wells.