WORKSHEET FOR CALCULATION OF STATIC COLUMN WELLHEAD PRESSURE (Pw) C-122D

Adopted 9-1-65

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DATE <u>10/28/91</u>

COMPANY <u>Yates Petroleum C</u>	orporation LEASE	Bitter Lakes PX St.	WELL NO. <u>2</u>
LOCATION: Unit E	Section <u>16</u>	Township <u>10S</u>	Range <u>25E</u>
L <u>3788.0</u> H <u>3788.0</u> L/H	<u>   1.000</u> G <u>   .656</u>	2002 <u>.01</u> 2N2 _	8.93 %H2S <u>0.00</u>
d <u>1.995</u> Fr <u>.</u>	<u>017777</u> GH <u>2484.9</u>	Por_	<u>655.1</u> Tcr <u>349.5</u>

LINE	1st Rate	2nd Rate	3rd Rate	4th Rate	5th Rate
1 Qm	1.262	1.383	1.562	1.694	0.000
2 Tw(W.H.°R)	522.0	522.0	522.0	522.0	0.0
3 Ts(B.H.°R)	582.0	582.0	582.0	582.0	0.0
4 T=(Tw+Ts)/2	552.0	552.0	552.0	552.0	0.0
5 Z(Est.)	.922	.936	.947	.966	0.000
6 TZ	508.7	516.5	522.9	533.4	0.0
7 GH/TZ	4.884	4.811	4.752	4.658	0.000
8 e <sup>s</sup> (Table XIV)	1.201	1.198	1.195	1.191	0.000
9 1-e <sup>-s</sup> (Table XIV)	.167	.165	.163	.160	0.000
10 Pt	602.2	484.2	385.2	223.2	0.0
11 Pt <sup>2</sup> /1000	362.6	234.4	148.4	49.8	0.0
12 Fr(Table XV)	.017777	.017777	.017777	.017777	0.000000
13 Fc=FrTZ	9.046	9.182	9.295	9.481	0.000
14 FcQm	11.416	12.704	14.521	16.058	0.000
15 L/H(FcQm) <sup>2</sup>	130.314	161.382	210.871	257.852	0.000
16 Fw=L/H(FcQm) <sup>2</sup> (1-e-5)	21.807	26.639	34.421	41.334	0.000
17 Pw <sup>2</sup> =Pt <sup>2</sup> +Fw	384.5	261.1	182.8	91.2	9.9
18 Ps <sup>2</sup> =e <sup>s</sup> Pw <sup>2</sup>	461.7	312.7	218.5	108.6	0.0
19 Ps	679.5	559.2	467.4	329.5	0.0
20 P=(Pt+Ps)/2	640.8	521.7	426.3	276.3	0.0
21 Pr=(P/Pcr)	. 98	. 80	.65	.42	0.00
22 Tr=(T/Tcr)	1.58	1.58	1.58	1.58	0.00
23 Z(Table XI)	. 922	.936	.947	.966	0.000

— Submii 5 Copies Appropriate District Office DISTRICT 1 P.O. Bux 1980, Hubbs, NM 88240		linerals and Na		•			Form C-104 Keybed 1-1-89 See Instructions at Bottom of Page 1	
DISTRICT II	UEU 27 <b>'901L C</b>		ATION D lox 2088	IVISIC	<b>DN</b>			
P.O. Drawer DD, Artesia, NM 88210	Sa	nta Fe, New M		4-2088				
<u>DISTRICT III</u> 1000 Rio Brazos Kd., Aziec, NM 874 1								
Operator	TO TRA	NSPORT OIL	AND NAT	URAL G	AS			
YATES PETROLEUM	CORPORATION					<b>API No.</b> -005-61900	)	
Address					I			
105 South 4th St. Reason(s) for Filing (Check proper bo		88210	Othe	r (Please expl	lain)			
New Well		Transporter of:		i (i ieuse expi	unj			
Recompletion		Dry Gas						
f change of operator give name					· · · · · · · · · · · · · · · · · · ·			
I DESCRIPTION OF REAL		•						
I. DESCRIPTION OF WEL	Well No.	Pool Name, Includ	ing Formation		Kind	of Lesse	Lease No.	
Bitter Lake PX Sta	te 2	South Peco		Abo		Bevery of Fre	LG 855	
Location E	1980	N	orth	6	60 _		1 t	
Uaii LetterE		Feet From The		and	Fe	et From The	WestLine	
Section 16 Town	nship 10S	Range 25E	, NM	(PM,	Chaves		County	
II. DESIGNATION OF TR	ANSPORTER OF O	LAND NATU	RAL GAS					
Name of Authorized Transporter of Oi Navajo Refining Co.	il or Conden		Address (Give	address to w	hich approved	copy of this form	is to be sent)	
Name of Authorized Transporter of Ca	sinubead Gas	or Dry Gas X			-	NM 88210		
Yates Petroleum Corp	oration		105 Sou	ith 4th	St., Ar	<i>copy of this form</i> tesia, NM	is to be sent) 88210	
I well produces oil or liquids, ive location of tanks,		Twp. Rge.	is gas actually		When	?		
this production is commingled with the		10s 25e	Yes		I	11-14-90		
V. COMPLETION DATA	·							
Designate Type of Completi	Oil Well on - (X) ∣	Gas Well	New Well			Plug Back Sa	me Res'v Diff Res'v	
Date Spaulded	Date Compl. Ready to	Prod.	Total Depth		_I	   P.B.T.D.	I	
2-18-83 Elevations (DF, RKB, RT, GR, etc.)		3-8-83		4150' Top Oil/Gat Pay			4095'	
3527.7' Gr	Name of Producing Fo Abo	mation	1 -	3836'		Tubing Depth 3788		
Perforations						Depth Casing S	lioe	
3836-3848'						4150'		
HOLE SIZE	CASING & TU	CASING AND		DEPTH SET		SAC	KS CEMENT	
14-3/4"	10-3/4			645'		550		
7-7/7"	4-1/2"			4150'		675		
	2-3/8"			3788'				
. TEST DATA AND REQU			.1					
OIL WELL (Test must be aft Date First New Oil Rug To Task	er recovery of total volume i Date of Test	of load oil and musi					full 24 hours.)	
	Date of Tex		Producing Met	noa ( <i>r iow</i> , p	итр, ваз 1у1, 1	tic.)		
cugh of Test	Tubing Pressure		Casing Pressure		Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF		
• · · ·		·····						
GAS WELL								
Actual Frod. Test - MCF/D 2023		Length of Test 3 hrs		Bbls. Condensate/MMCF		Gravity of Condensate		
osting Method (pitot, back pr.)		Jubing Pressure (Shut-ia)		Casing Pressure (Shut in)			- Choke Size	
Back Pressure	320	-		Pkr		1/2'		
			11					
I hereby certify that the rules and re Division have been complied with a	egulations of the Oil Conser- and that the information give	vation						
	egulations of the Oil Conser- and that the information give	vation		DIL COI				
I hereby certify that the rules and re Division have been complied with is true and complete to the best of r , (`)	egulations of the Oil Conser- and that the information give	vation	Date	Approve	ed	JAN 4		
I hereby certify that the rules and re Division have been complied with is true and complete to the best of r , (`)	egulations of the Oil Conser and that the information give my knowledge and belief.	vation en above		Approve ORI	GINAL SI	JAN 4 GNED BY	991	
I hereby certify that the rules and ru Division have been complied with a is true and complete to the best of a	egulations of the Oil Conser and that the information give my knowledge and belief.	vation en above upvr. Title	Date	Approve ORI MIT	GINAL SI	JAN 4	991	

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

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.