

NO. OF COPIES REQUIRED 1	RECEIVED BY MAY 18 1987 O. C. D. ARTESIA OFFICE	OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
LAND OFFICE TRANSPORTED OIL GAS		

Yates Petroleum Corporation

Address
105 South 4th st., Artesia, NM 88210

Reason(s) for filing (Check proper box)

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"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Grooms XB Com	Well No. 1	Pool Name, including Formation Pecos Slope Abo	Kind of Lease State, Federal or Fee	FEE	Lease No.
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>8</u> Township <u>7S</u> Range <u>26E</u> , NMPM, <u>Chaves</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) PO Box 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline co.	Address (Give address to which approved copy of this form is to be sent) PO Box 2521, Houston, TX 77001					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 8	Twp. 7s	Rge. 26e	Is gas actually connected? Yes	When 5-15-87

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	Some Rest'v.	Diff. Rest'
		X	X					
Date Spudded 8-17-83	Date Compl. Ready to Prod. 9-21-83	Total Depth 4300'	P.B.T.D. 4243'					
Elevations (DF, RKH, RT, GR, etc.) 3581.2' GR	Name of Producing Formation Abo	Top Oil/Gas Pay 3655'	Tubing Depth 3627'					
Perforations 3655-3690'			Depth Casing Shoe 4300'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	20"	40'	
14-3/4"	10-3/4"	800'	550
7-7/8"	4-1/2"	4300'	425
	2-3/8"	3627'	

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

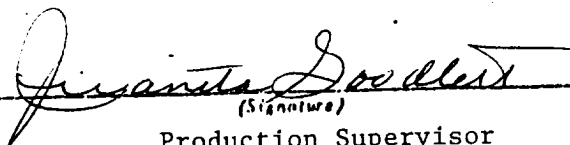
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 860	Length of Test 3 hrs	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shot-in) 240	Casing Pressure (Shot-in) PKR	Choke Size 3/8"

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.


(Signature)

Production Supervisor

(Title)

5-15-87

(Date)

OIL CONSERVATION DIVISION

JUN 3 0 1987

APPROVED _____, 19 _____

BY _____ Original Signed By

Les A. Clements

TITLE _____ Supervisor District II

This form is to be filed in compliance with RULE 11.1.

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 11.1.

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