

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

RECEIVED BY CONSERVATION DIVISION

P. O. BOX 2088

JUL 17 1987

SANTA FE, NEW MEXICO 87501

O. C. D.

ARTESIA OFFICE

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|-------------------------------------|
| NO. OF COPIES RECEIVED | |
| FILE | <input checked="" type="checkbox"/> |
| U.S.D. | <input checked="" type="checkbox"/> |
| LAND OFFICE | <input checked="" type="checkbox"/> |
| TRANSPORTATION | <input checked="" type="checkbox"/> |
| OPERATION | <input checked="" type="checkbox"/> |
| PRODUCTION OFFICE | <input checked="" type="checkbox"/> |

Yates Petroleum Corporation

Address

105 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☒

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-----------------|----------|---|-----------------------|---------------|
| Lease Name | Well No. | Pool Name, including Formation | Kind of Lease | Lease No. |
| Ibis XU State | 1 | Wildcat Wolfcamp | State, Federal or Fee | LG-4920 |
| Location | | | | |
| Unit Letter | A | 660 Feet From The North Line and 990 Feet From The East | | |
| Line of Section | 23 | Township 9S | Range 26E | Chaves 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"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Navajo Refining Co. | PO Box 159, Artesia, NM 88210 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Transwestern Pipeline Co. | PO Box 2521, Houston, TX 77001 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | A | 23 | 9S | 26E | Yes | 7-15-87 |

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

V. COMPLETION DATA

| | | | | | | | | |
|---|-----------------------------|----------------------------|--------------|----------|--------|-------------------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res't. | Diff. Res't. |
| | | X | | | | X | | X |
| Date Spudded | RECOMPLETION | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | |
| 7-1-87 | | 7-12-87 | 6025' | 5340' | | | | |
| Elevations (D.F., R.K.H., R.T., G.R., etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | |
| 3794.8' GR | Wolfcamp | 5220' | 5191' | | | | | |
| Perforations | | | | | | Depth Casing Shoe | | |
| 5220-27'; 5236-45' | | | | | | 6005' | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 14-3/4" | 10-3/4" | 990' | 700 |
| 7-7/8" | 4-1/2" | 6005' | 910 |
| | 2-3/8" | 5191' | |

V. 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.) | |
| | | 7-31-87 | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| | | | camp. Wfcp. |
| 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 |
| 980 | 6 hrs | - | - |
| Testing Method (pump, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |
| Back Pressure | 275 psi | PKR | 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.

Juanita Doodlett
(Signature)

Production Supervisor

7-17-87

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 24 1987, 19
Original Signed By
BY Les A. Clements
TITLE Supervisor District II

This form is to be filed in compliance with RULE 1002.
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 Form C-104 must be filed for each pool in multiple.