

OIL CONSERVATION DIVISION

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AUG 19 1987

O.C.D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND

TRANSPORT OIL AND NATURAL GAS

Yates Petroleum Corporation

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

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☒
		Condensate	☐

Other (Please explain)

CORRECT GAS TRANSPORTER:
EFFECTIVE MAY 6, 1987.If change of ownership give name
and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
River Bridge UX State	2	Santa Fe Pecos Slope Abo	State, Federal or Fee State	LG 780
Location				
Unit Letter	L	1980 Feet From The	South Line and	660 Feet From The
Line of Section	2	Township	9S	Range
				25E, NMPM,
				Chaves County

1. 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 Refining Co.	PO 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)
Yates Petroleum Corporation	105 So. 4th, Artesia, NM 88210
If well produces oil or liquids, give location of tanks.	Unit L Sec. 2 Twp. 9S Rge. 25e
	Is gas actually connected? Yes When 5-6-87

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

2. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post ID-3
			8-21-87
			chg. GT: TWP

3. TEST DATA AND REQUEST FOR ALLOWABLE (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/MCF	Gravity of Condensate
Testing Method (piston, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

4. 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

8-17-87

(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 26 1987, 19

Original Signed By
BY Les A. Clements

TITLE Supervisor District II

This form is to be filed in compliance with RULE 110.

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-completed wells.