

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2000

RECEIVED

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE **SEP - 7 '89**
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ARTESIA, OFFICE

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FILE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTED	
OPERATION	
PRODUCTION OFFICE	

Operator Yates Petroleum Corporation		API #30-005-62168	
Address 105 South 4th St., Artesia, NM 88210			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☒	Change in Transporter of: Oil ☐ Dry Gas ☐		
Recompletion ☐	Casinghead Gas ☐ Condensate ☐		
Change in Ownership ☐			

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Comanche Hills ZU Federal	Well No. 1	Pool Name, including Formation South Pecos Slope Abo	Kind of Lease State, Federal or Fed Federal	Lease No. NM-21489
Location Unit Letter <u>N</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>25</u> Township <u>10S</u> Range <u>25E</u> , NMPL, <u>Chaves</u> County				

III. 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) 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) 105 South 4th St., Artesia, NM 88210			
Name of Authorized Transporter Yates Petroleum Corporation	Is gas actually connected? <u>YES</u> When <u>9-5-89</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>N</u>	Sec. <u>25</u>	Twp. <u>10S</u>	Rge. <u>25E</u>

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 ☐	Same Res'n. ☐	Diff. Res'n. ☐
Date Spudded 6-29-84	Date Compl. Ready to Prod. 9-6-84		Total Depth 4700'		P.B.T.D. 4638'			
Elevations (DI, R.H., RT, GR, etc.) 3712' GR	Name of Producing Formation Abo		Top Oil/Gas Pay 4248'		Tubing Depth 4219'			
Perforations 4248-4414'					Depth Casing Shoe 4700'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	40'	Redi-Mix
14-3/4"	10-3/4"	909'	675
7-7/8"	4-1/2"	4700'	645
	2-3/8"	4219'	

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)

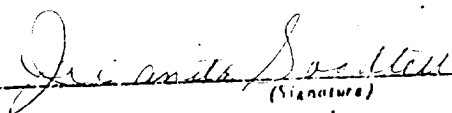
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 724	Length of Test 4 hrs	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pump, back pr.) Back Pressure	Tubing Pressure (psig-in) 200	Casing Pressure (psig-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.



Production Supervisor

9-5-89

Phone No. 505/748-1471
(Date)

OIL CONSERVATION DIVISION

APPROVED **SEP 8 1989**, 19BY **ORIGINAL SIGNED BY**
MIKE WILLIAMS
TITLE **SUPERVISOR, DISTRICT II**

This form is to be filed in compliance with RULE 111.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated logs 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.