

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

JUN 02 '88

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRICT OFFICE	
SANTA FE	
FILE	
W.D.S.	
LAND OFFICE	
TRANSPORTED	
OIL	
NATURAL GAS	
OPERATION	
PRODUCTION OFFICE	

Yates Petroleum Corporation

O. C. I.
ARTESIA, OFFICEAddress
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)

DUAL COMPLETION APPROVED BY MC-2997.

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Four Ranch Pre-Permian

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Witz VN State	2	Wildcat Ordovician	State, Federal or Fee State	LG-939

Location	Unit Letter	A	660	Feet From The	North	Line and	660	Feet From The	East
Line of Section	26	Township	9S	Range	26E	NMPM,	Chaves	County	

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 Refg. 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 1188, Houston, TX 77001					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	26	9S	26E	YES	5-27-88

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
3-21-88	4-30-88	6229'	6188'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3802.7' GR	Ordovician	6012'	5948'					
Perforations			Depth Casing Shoe					
6012-39'; 6072-6102'			6229'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	35'	Redi-Mix
12-1/4"	8-5/8"	1009'	600 SX
7-7/8"	5-1/2"	6229'	400 SX
	2-7/8"	5948'	

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.)	
		Post ID-2 6-10-88 comp 4 BK	
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/MMCF	Gravity of Condensate
1378	12 hrs	-	-
Testing Method (pilot, back pr.)	Tubing Pressure (psig-in)	Casing Pressure (psig-in)	Choke Size
Back Pressure	220	PKR	1/2"

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

5-31-88

(Date)

OIL CONSERVATION DIVISION

APPROVED **MAR 26 1988**, 19
ORIGINAL SIGNED BY
BY **MIKE WILLIAMS**
TITLE **SUPERVISOR, DISTRICT II**

This form is to be filed in compliance with RULE 100.

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.