

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Yates Petroleum Corporation ✓

Address 207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Federal BQ</u>	Well No. <u>6</u>	Pool Name, Including Formation <u>Eagle Creek SA</u>	Kind of Lease <u>NM-054434</u>	Lease State, Federal or Fee <u>Federal</u>
Location Unit Letter <u>C</u> : <u>330</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>17S</u> Range <u>25E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Crude Oil Purchasing Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 159, Artesia, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Yates Petroleum Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>207 S. 4th, Artesia, NM 88210</u>
If well produces oil or liquids, give location of tanks. Unit <u>C</u> Sec. <u>27</u> Twp. <u>17</u> Rge. <u>25</u>	Is gas actually connected? <u>Yes</u> When <u>8-27-81</u>

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. R. <input type="checkbox"/>
Date Spudded <u>8-15-81</u>	Date Compl. Ready to Prod. <u>8-27-81</u>	Total Depth <u>1500'</u>	P.B.T.D. <u>1499'</u>					
Elevations (DF, FKB, RT, GR, etc.) <u>3532' GR</u>	Name of Producing Formation <u>San Andres</u>	Top Oil/Gas Pay <u>1305'</u>	Tubing Depth <u>1283'</u>					
Perforations <u>1305-1416'</u>	Depth Casing Shoe <u>1500'</u>							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	10-3/4"	358'	345
9-7/8"	7"	1169'	600
6-1/4"	4-1/2"	1500'	200
	2-3/8"	1283'	

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 able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>8-27-81</u>	Date of Test <u>9-1-81</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>20#</u>	Casing Pressure <u>20#</u>	Choke Size <u>2"</u>
Actual Prod. During Test <u>54</u>	Oil-Bbls. <u>42</u>	Water-Bbls. <u>12</u>	Gas-MCF <u>38</u>

Posted ID-2 & Comp. Book NCO/PC 9-11-81

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pistol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

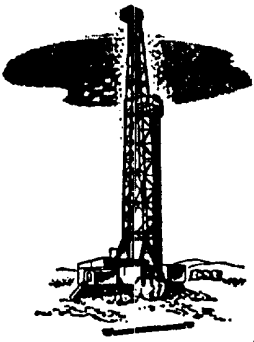
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)
Engineering Secretary
(Title)
9-3-81
(Date)

OIL CONSERVATION DIVISION
SEP 10 1981

APPROVED _____, 19____
BY W.A. Gessert
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multirecompleted wells.



L & M DRILLING, INC. - Oil Well Drilling Contractors

P. O. BOX 672

ARTESIA, NEW MEXICO 88210

RECEIVED

SEP 4 1981

O. C. D.

ARTESIA, OFFICE

August 25, 1981

Yates Petroleum Corporation
207 South Fourth Street
Artesia, NM 88210

RE: Federal BQ #6
330' FNL & 2310' FWL
Sec. 27, T17S, R25E
Eddy County, New Mexico

Gentlemen:

The following is a Deviation Survey for the above captioned well.

DEPTH	DEVIATION
358'	1/2°
820'	3/4°
1169'	1°
1500'	1°

Very truly yours,

B. N. Muncy Jr.
President

BNM/rlg

STATE OF NEW MEXICO §
COUNTY OF EDDY §

The foregoing was acknowledged before me this 25th day of August, 1981.

