

## OIL CONSERVATION DIVISION

P. O. BOX 2000  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
NATURAL GAS	<input checked="" type="checkbox"/>
OPERATION	
REGISTRATION OFFICE	

Operator

Yates Petroleum Corporation

RECEIVED

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 ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

MAY 25 '88

O. C. D.

ARTESIA, OFFICE

If change of ownership give name  
and address of previous owner

## I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name	Kind of Lease	Lease No.
Estelle TA Federal	1	Wildcat Morrow	NM-12690 State, Federal or Fee Federal	
Location				
Unit Letter	N	660	Feet From The South	Line and 2310
Line of Section	21	Township	17S	Range 27E
				NMPH, Eddy County

## II. 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.
	N	21
	Twp.	17s
	Rge.	27e
Is gas actually connected?	Yes	When
		5-24-88

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

## III. 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					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
8-13-82	10-3-82		9430'		9160'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3422' GR	Morrow		9083'		9081'			
Perforations					Depth Casing Shoe			
9083-9097'					9430'			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	405'	350
12-1/4"	8-5/8"	1560'	750
7-7/8"	4-1/2"	9430'	775
	2-3/8"	9081'	

## IV. 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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
1960	3 hrs		
Testing Method (pilot, back pr.)	Tubing Pressure (psig-in)	Casing Pressure (psig-in)	Choke Size
Back Pressure	300	PKR	1/2"

## I. 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.

## OIL CONSERVATION DIVISION

JUN 17 1988

APPROVED \_\_\_\_\_, 19

BY \_\_\_\_\_ Original Signed By

Mike Williams

TITLE \_\_\_\_\_ Oil &amp; Gas Inspector

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 deviated tests taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for allowable and recompleted wells.

Production Supervisor