

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

OCT 8 1982

O. C. D.
ARTESIA, OFFICEREQUEST 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.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATION	
PRODUCTION OFFICE	
Operator	

Yates Petroleum Corporation

Address

207 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)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Federal BZ	17	Eagle Creek SA	NM-0219603 State, Federal or Fee Federal	

Location

Unit Letter P : 330 Feet From The South Line and 990 Feet From The EastLine of Section 21 Township 17S Range 25E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Co.	Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Yates Petroleum Corporation	207 S. 4th, Artesia, NM 88210
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. <u>P</u> <u>21</u> <u>17</u> <u>25</u>
Is gas actually connected?	When
Yes	10-4-82

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
9-23-82	10-6-82	1500'	1493'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3554' GR	San Andres	1247'	1213'					
Perforations			Depth Casing Shoe					
1247-1400'			1494'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	20"	40'	
14-3/4"	10-3/4"	330'	225
9-7/8"	7"	1095'	350
6-1/4"	4-1/2"	1494'	200
	2-3/8"	1213'	

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)

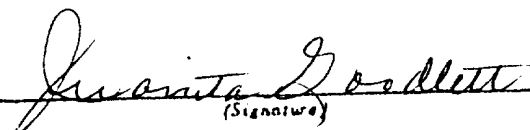
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10-4-82	10-6-82	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	25#	25#	2"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
50	37	13	33

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.



Engineering Secretary

(Title)

10-7-82

(Date)

OIL CONSERVATION DIVISION

OCT 19 1982

APPROVED _____, 19

BY _____ Original Signed By

Leslie A. Clements

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 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 Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED



LaRue Drilling Co., Inc.

OCT 8 1982

O. C. D.

ARTESIA, OFFICE

PHONE: 505-746-4405

P. O. BOX 202

ARTESIA, NEW MEXICO 88210

September 29, 1982

Yates Petroleum Corporation
207 South Fourth Street
Artesia, NM 88210

RE: Federal BZ #17
330' FSL & 990' FEL
Sec. 21, T17S, R25E
Eddy County, New Mexico

Gentlemen:

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

DEPTH	DEVIATION
330'	1/2°
710'	1/4°
1095'	3/4°
1500'	1/4°

Very truly yours,

B. N. Muncy Jr.
Secretary

STATE OF NEW MEXICO
COUNTY OF EDDY

§
§

The foregoing was acknowledged before me this 29th day of September, 1982.

