

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

RECEIVED

FEB 17 1983

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.  
ARTESIA OFFICE

BY APPLICANT RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
RECORD	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
REGISTRATION OFFICE	
INSPECTOR	

Yates Petroleum Corporation ✓

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

Reason(s) for filing (Check proper box)

New Well  Change in Transporter of: Oil  Dry Gas

Recompletion  Casinghead Gas  Condensate

Change in Ownership

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Federal BZ	Well No. 23	Pool Name, Including Formation Eagle Creek SA	Kind of Lease State, Federal or Fee Federal	NM-0219603	Lease No.
Location					
Unit Letter A	330	Feet From The North	Line and 330	Feet From The East	
Line of Section 28	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 So. 4th, Artesia, NM 88210
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit Sec. Twp. Rge. P 21 17s 25e	Yes 2-14-83

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 Restry.	Diff. Restry.
		X	X					
Date Spudded 1-18-83	Date Compl. Ready to Prod. 2-14-83	Total Depth 1500'	P.B.T.D. 1489'					
Deviation (DF, R&B, RT, GR, etc.) 3550' GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 1278'	Tubing Depth 1228'					
Perforations 1278-1409'			Depth Casing Shoe 1490'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	10-3/4"	335'	225
9-1/2"	7"	1135'	475
6-1/4"	4-1/2"	1490'	200
	2-3/8"	1228'	

TEST DATA AND REQUEST FOR ALLOWABLE (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 2-8-83	Date of Test 2-14-83	Producing Method (Flow, pump, gas lift, etc.) Pumping	Choke Size 2"
Length of Test 24 hrs	Tubing Pressure 20#	Casing Pressure 20#	Gas-MCF 28
Actual Prod. During Test 43	Oil-Bbls. 29	Water-Bbls. 14	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Sealing 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.

*[Signature]*  
(Signature)

Production Supervisor

(Title)

2-15-83

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 23 1983, 19

BY *[Signature]*

TITLE OIL AND GAS INSPECTOR

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 conditions.

Separate Form C-104 must be filed for each pool in multiple completed wells.