

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED BY

DEC 02 1983

O. C. D.

ARTESIA OFFICE

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE OF FILING	
DISTRIBUTION	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Yates Petroleum Corporation ✓

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

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

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	Fee	Lease No.
Gable FV	2	Eagle Creek SA	State, Federal or Fee		

Location

Unit Letter G : 2310 Feet From The North Line and 1650 Feet From The East

Line of Section 29 Township 17S Range 25E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

Navajo Crude Oil Purchasing Co.

Address (Give address to which approved copy of this form is to be sent)

Box 159, Artesia, NM 88210

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐

Yates Petroleum Corporation

Address (Give address to which approved copy of this form is to be sent)

207 South 4th St., Artesia, NM 88210

If well produces oil or liquids,
give location of tanks.

Unit	Sec.	Twp.	Rge.
G	29	17s	25e

Is gas naturally connected?

No

When Waiting on connection

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 Reservoir, Unit, Pool				
	X		X								
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.						
9-25-83	11-21-83		1500'		1489'						
Elevations (DP, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth						
3596' GR	San Andres		1163'		1137'						
Perforations					Depth Casing Shoe						
1163-1327'					1500'						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	20"	40'	
14-3/4"	10-3/4"	391'	225
9-7/8"	7"	1143'	675
6-1/4"	4-1/2"	1500'	150
	2-3/8"	1137'	

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)

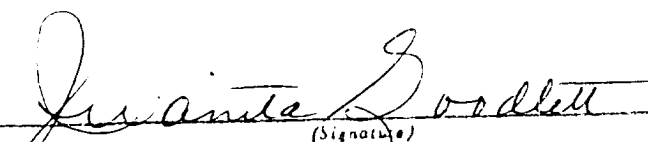
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11-12-83	11-21-83	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	12#	12#	Open
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
5	2	3	3

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.



Production Supervisor

(Title)

11-30-83

(Date)

OIL CONSERVATION DIVISION

DEC 07 1983

APPROVED

Original Signed By

BY

Leslie A. Clements

TITLE

Supervisor District II

This form is to be filed in compliance with RULE 111.

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