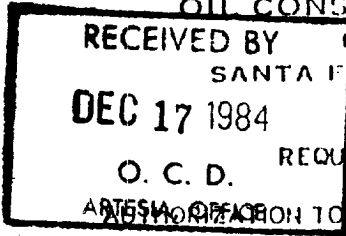


OIL CONSERVATION DIVISION

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SANTA FE	<input checked="" type="checkbox"/>
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LAND OFFICE	
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OIL	
O&G	
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	
Operator	



P.O. BOX 2088  
SANTA FE, NEW MEXICO 87501  
REQUEST FOR ALLOWABLE  
AND  
ARTESIA 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)

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 3-2-85  
UNLESS AN EXCEPTION TO:  
RULE 306 IS OBTAINED

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Zephyr ZQ State	Well No. 1	Pool Name, Including Formation Square Lake Grayburg-SA	Kind of Lease State, Federal or Fee	State	Lease No. LG 3374
Location Unit Letter <u>B</u> ; <u>330</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>32</u> Township <u>16S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining 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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 32	Twp. 16s	Rge. 31e	Is gas actually connected? When No

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

IV. 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't.	Full Reat
Date Spudded 10-3-84	Date Compl. Ready to Prod. 12-11-84		Total Depth 5700'		P.B.T.D. 5385'			
Elevations (DF, R&B, RT, GR, etc.) 3948' GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 4984'		Tubing Depth 5041'			
Perforations 4984-5051'					Depth Casing Shoe 5620'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		448'		375			
7-7/8"	5-1/2"		5620'		1000			
	2-7/8"		5041'					

V. 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 12-10-84	Date of Test 12-11-84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size Open
Actual Prod. During Test 76	Oil-Bbls. 15	Water-Bbls. 61	Gas-MCF 4

Post ID-2  
1-4-85  
Camp + Pk

26760

GAS WELL

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

VI. 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.

*Francis Goodlett*  
(Signature)

Production Supervisor

(Title)

12-12-84

(Date)

OIL CONSERVATION DIVISION

DEC 31 1984

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 deviate 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 multiple completions.