

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501RECEIVED BY *104*
Revised 10-1-78

FEB 18 1985

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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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"/>
OPERATOR	
PRODUCTION OFFICE	

Operator Yates Petroleum Corporation ✓Address 207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

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.
Porcupine AAQ Federal	1	Square Lake-Grayburg SA	State, Federal or Fee <u>Federal</u>	NM 38474
Location				
Unit Letter <u>N</u>	<u>330</u>	Feet From The <u>South</u> North	Line and <u>1750</u> 1850	Feet From The <u>West</u>
Line of Section <u>26</u>	Township <u>16S</u>	Range <u>31E</u>	NMPM, <u>Eddy</u>	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)					
<u>Navajo Refining Co.</u>	<u>PO Box 159, Artesia, NM 88210</u>					
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>N</u>	<u>26</u>	<u>16s</u>	<u>31e</u>	<u>No</u>	

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 Restv.	Diff. Restv.
<u>X</u>	<u>X</u>		<u>X</u>					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
<u>10-29-84</u>	<u>2-8-85</u>		<u>5505'</u>		<u>4430'</u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<u>4089' GR</u>	<u>Grayburg-San Andres</u>		<u>3712'</u>		<u>3705'</u>			
Perforations					Depth Casing Shoe			
<u>3712-4340'</u>					<u>5505'</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>26"</u>	<u>20"</u>	<u>40'</u>	
<u>17-1/2"</u>	<u>13-3/8"</u>	<u>458'</u>	<u>400</u>
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>5505'</u>	<u>1175</u>
	<u>2-7/8"</u>	<u>3705'</u>	

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.)	
<u>12-21-84</u>	<u>2-8-85</u>	<u>Pumping</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hrs</u>	<u>-</u>	<u>-</u>	<u>-</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>306</u>	<u>11</u>	<u>295</u>	<u>TSTM</u>

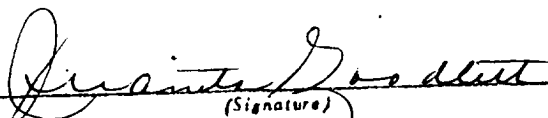
Post TD-2 2-15-85 Map + BK

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)

2-11-85

(Date)

OIL CONSERVATION DIVISION

FEB 18 1984

APPROVED _____, 19____

BY _____
ORIGINAL SIGNED
BY LARRY BROOKS
GEOLOGIST - NMCD

TITLE _____

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.