

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ARTESIA, N.M.
ARTESIA OFFICE

NO. OF COPIES RETURNED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.D.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

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"/>
Recompletion	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>

Change in Transporter of:

Oil	<input type="checkbox"/>
Casinghead Gas	<input type="checkbox"/>
Dry Gas	<input type="checkbox"/>
Condensate	<input type="checkbox"/>

Other (Please explain)
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 11-18-85
UNLESS AN EXCEPTION FROM
THE B. L. M. IS OBTAINED

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hedgehog ABM Federal	Well No. 1	Pool Name, including Formation Square Lake Grayburg SA	Kind of Lease NM 38475 State, Federal or Fee Federal	Lease No.
Location Unit Letter <u>J</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>26</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) PO 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 J	Sec. 26	Twp. 16s	Rge. 31e	Is gas actually connected? NO	When

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Hc/sv. <input type="checkbox"/>	Diff. Res <input type="checkbox"/>
Date Spudded 1-31-85	Date Compl. Ready to Prod. 10-1-85		Total Depth 4720'		P.B.T.D. 3865'			
Elevations (DF, RKH, RT, GR, etc.) 4131.5' GR	Name of Producing Formation Grayburg		Top Oil/Gas Pay 3755'		Tubing Depth 3708'			
Perforations 3755-3793'					Depth Casing Shoe 4720'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	26"	40'	
14-1/4"	10-3/4"	475'	325
7-7/8"	5-1/2"	4720'	675
	2-7/8"	3708'	

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 all able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 9-29-85	Date of Test 10-1-85	Producing Method (Flow, pump, gas lift, etc.) Pumping	Post TD-2 10-18-85 Camp + BK
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size Open
Actual Prod. During Test 18	Oil - Bbls. 11	Water - Bbls. 7 BLW	Gas - MCF 3

GAS WELL

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

Guillermo Boddett
(Signature)
Production Supervisor
(Date)
10-7-85
(Note)

OIL CONSERVATION DIVISION

APPROVED OCT 17 1985, 19
Original Signed By
Les A. Clements
TITLE Supervisor District II

This form is to be filed in compliance with RULE 11.2.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 11.1.
All sections of this form must be filled out completely for all able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.
Separate Form C-104 must be filed for each pool in multi