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PRODUCTION OFFICE	

RECEIVED BY
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
JUL 3 1985
O. C. D. REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
ARTESIA, OFFICE

I. OPERATOR
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 9-3-85
UNLESS AN EXCEPTION TO:
RULE 306 IS OBTAINED
If change of ownership give name
and address of previous owner
Ex # 2-739

II. DESCRIPTION OF WELL AND LEASE
Lease Name
Haines "ACG"
Well No.
1
Pool Name, including Formation
Logan Draw SA
Kind of Lease
State, Federal or Fee
Fee
Location
Unit Letter
K
2310 Feet From The
South Line and
2310 Feet From The
West
Line of Section
19
Township
17S
Range
27E
NMPM,
Eddy
Count

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
The Permian Corporation
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
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
19
Sec.
17s
Twp.
27e
Rge.
Is gas actually connected?
NO
When

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)
X
Oil Well
Gas Well
New Well
X
Workover
Deepen
Plug Back
Same Res'v.
Diff. Re
Date Spudded
5-12-85
Date Compl. Ready to Prod.
6-27-85
Total Depth
2163'
Elevations (DF, RKH, RT, GR, etc.)
3293' GR
Name of Producing Formation
San Andres
Top Oil/Gas Pay
1572'
P.B.T.D.
2102'
Tubing Depth
1551'
Depth Casing Shoe
2163'
Perforations
1572-1838'
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE
26"
12-1/4"
7-7/8"
CASING & TUBING SIZE
20"
8-5/8"
5-1/2"
2-7/8"
DEPTH SET
40'
384'
2163'
1551'
SACKS CEMENT
225
800

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 of
able for this depth or be for full 24 hours)
Date First New Oil Run To Tanks
6-14-85
Date of Test
6-27-85
Producing Method (Flow, pump, gas lift, etc.)
Pumping
Length of Test
24 hrs
Tubing Pressure
Casing Pressure
Choke Size
Actual Prod. During Test
77
Oil-Bbls.
15
Water-Bbls.
62
Gas-MCF
5

GAS WELL
Actual Prod. Test-MCF/D
Length of Test
Tubing Pressure (Shut-in)
Casing Pressure (Shut-in)
Choke Size
Gravity of Condensate
Testing Method (pilot, back pr.)

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.
Production Supervisor
(Signature)
7-1-85
(Date)

OIL CONSERVATION DIVISION
JUL 3 1985
APPROVED
BY
Original Signed By
Las 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 deep
well, this form must be accompanied by a tabulation of the devi-
l tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for a
able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of o-
well name or number, or transporter, or other such change of cond-
Separate Form C-104 must be filed for each pool in mu-
recompleated wells.