

| | | |
|-------------|-----|--|
| Santa Fe | | |
| File | | |
| Transporter | Oil | |
| Operator | Gas | |

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

MM 24 1989

O.C.D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | |
|---|---|
| Operator Yates Petroleum Corporation | Well API No. 30-015-26073 |
| Address 105 South 4th St., Artesia, NM 88210 | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Operator <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| If change of operator give name and address of previous operator | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|--|----------------------|
| Lease Name Richard Knob AEX State | Well No. 2 | Pool Name, Including Formation Und. Collins Ranch Wolfcamp | Kind of Lease State, Federal or Fee | Lease No. LG 3003 |
| Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>34</u> Township <u>17S</u> Range <u>24E</u> , NMPM, <u>Eddy</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|------------|-------------|-------------|-----------------------------------|------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | 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 checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) 105 So. 4th St., Artesia, NM 88210 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit K | Sec. 34 | Twp. 17s | Rge. 24e | Is gas actually connected? Yes | When? 5-22-89 |

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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| | | X | X | | | | | |
| Date Spudded 3-21-89 | Date Compl. Ready to Prod. 4-22-89 | Total Depth 5300' | P.B.T.D. 5258' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3760.2' GR | Name of Producing Formation Wolfcamp | Top Oil/Gas Pay 4933' | Tubing Depth 4868' | | | | | |
| Perforations 4933-4991' | Depth Casing Shoe 5300' | | | | | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 17 1/2" | 13-3/8" | 268' | 300 sx <u>Part ID-3</u> | | | | | |
| 12 1/4" | 8-5/8" | 1106' | 746 sx <u>6-9-89</u> | | | | | |
| 7-7/8" | 5 1/2" | 5300' | 1325 sx <u>comp BK</u> | | | | | |
| | 2-7/8" | 4868' | | | | | | |

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 Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas- MCF |

GAS WELL

| | | | |
|---|--------------------------------------|----------------------------------|----------------------------|
| Actual Prod. Test - MCF/D 1335 | Length of Test 2 hrs | Bbls. Condensate/MMCF - | Gravity of Condensate - |
| Testing Method (pilot, back pr.) Back Pressure | Tubing Pressure (Shut-in) 200 psi | Casing Pressure (Shut-in) PKR | Choke Size 1/2" |

VI. OPERATOR 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.

Juanita Goodlett
Signature
Juanita Goodlett - Production Supervisor
Printed Name
5-22-89
Date
505/748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 5 1989

By ORIGINAL SIGNED BY

MIKE WILLIAMS

Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.