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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

NOV 29 '89

O. C. D.
ARTESIA OFFICE

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | |
|---|---|
| Operator YATES PETROLEUM CORPORATION | Well API No. 30-015-26175 |
| 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 Norte Hill, YW Federal | Well No. 1 | Pool Name, Including Formation Square Lake Grayburg-Sa | Kind of Lease State, Federal or Fye/ | Lease No. NM 59041 |
| Location Unit Letter N : 330 Feet From The South Line and 2310 Feet From The West Line Section 28 Township 16S Range 30E, NMPM, Eddy County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|---|------------|------------|------------|----------------------------------|--------|
| Name of Authorized Transporter of Oil Navajo Refining Co. <input checked="" type="checkbox"/> or Condensate <input 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 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 N | Sec. 28 | Twp. 16 | Rge. 30 | 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) | Oil Well <input checked="" type="checkbox"/> | Gas Well | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded 8-31-89 | Date Compl. Ready to Prod. 11-15-89 | Total Depth 3750' | P.B.T.D. 3706' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3751' GR | Name of Producing Formation Grayburg-San Andres | Top Oil/Gas Pay 2919' | Tubing Depth 3387' | | | | | |
| Perforations 2919-3547' | Depth Casing Shoe 3750' | | | | | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 26" | 20" | 40' | Redi-Mix Port ID-2 | | | | | |
| 12 1/2" | 8-5/8" | 527' | 400 sx 12-15-89 | | | | | |
| 7-7/8" | 4 1/2" | 3750' | 475 sx comp + BH | | | | | |
| | 2-3/8" | 3387' | | | | | | |

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 10-31-89 | Date of Test 11-15-89 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24 hrs | Tubing Pressure - | Casing Pressure - | Choke Size Open |
| Actual Prod. During Test 85 | Oil - Bbls. 2 | Water - Bbls. 83 | Gas - MCF TSTM |

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 |

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.

Signature
Juanita Goodlett - Production Supvr.
Printed Name
11-27-89
Date
Title
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 11 1989
By ORIGINAL SIGNED BY
M. E. 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 IV for changes of operator, well name or number, transporter, or other such changes.