

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

JAN 14 1994

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION		Well API No. 30-015-27376
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 Caffall FD Com	Well No. 2	Pool Name, including Formation Kennedy Farms Morrow	Kind of Lease State, Federal <input checked="" type="radio"/> or Fee	Lease No. Fee
Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>15</u> Township <u>17S</u> Range <u>26E</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"/> 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 checked="" type="checkbox"/> Transwestern Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) PO Box 1188, Houston, TX 77151-1188					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 15	Twp. 17	Rge. 26	Is gas actually connected? YES	When? 1-12-94

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 RH 5-2-93 RT 5-4-93	Date Compl. Ready to Prod. 6-12-93		Total Depth 8660'		P.B.T.D. 8620' WL			
Elevations (DF, RKB, RT, GR, etc.) 3330' GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 8367		Tubing Depth 8179'			
Perforations 8367-8491'					Depth Casing Shoe 8655'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		40'		Cement to surface			
17-1/2"	13-3/8"		480'		525 sacks - circ.			
12-1/4"	8-5/8"		1417'		770 sacks - circ.			
7-7/8"	5-1/2"		8655'		450 sacks			
			8179'					

V. TEST DATA AND REQUEST FOR ALLOWABLE 2-7/8"

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 100	Length of Test 24. hours	Bbls. Condensate/MMCF N/A	Gravity of Condensate N/A
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 280	Casing Pressure (Shut-in)	Choke Size 1/8"

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.

Rusty Klein

Signature
Rusty Klein
Printed Name
1-13-94
Date

Production Clerk
Title
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 25 1994

By

Title

SUPERVISOR, DISTRICT II

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.