BIVIE OF HEM WEXICO ENERGY AND MINITIALS DEPARTMENT

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SAMIA FE		$\underline{\nu}$	_	
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LAND OFFH F		-	-	
PREMISERNATER	01L			
		7	-	
CORNATION DESIGN		1	-	

OIL CONSCRVATION DIVISION P. O. BOX 7088

SANTA FE, NEW MEXICO 87501

RECEIVED BY JUL 10 19 651. 6-10 -1-70 O. C. D. ARTESIA, OFFICE

Fill out only Sections I. II. III. and VI for changes of on well name or number, or transporter, or other such change of condi-

REQUEST FOR ALLOWABLE

	TREUSPONIED DIL	Ni Vegosa i ok	D						
	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
1.	Chestate								
Yates Petroleum Corporation V									
	207 South 4th St., Artesia, NM 88210								
	Resson(s) for liling (Check proper box)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Other (Flease	faplein)	-				
	New Well Change in Transporter of:								
	Recompletion Cut XX Day Gos Effective July 1, 1985 Cosinghed Gos Condensate Well Pumping								
	Change in Ownership.								
	If change of ownership give name and address of previous owner		······································						
			•						
11.	DESCRIPTION OF WELL, AND L	Well No. Pool Name, Including For	matton	Kind of Lease		Leese No			
	Scheurich "A"	1 Loco Hills Q.	G. SA	State, Federal (State_	B- 4108			
	1 ocalina	N	. 330	Feel From Th	• West				
	Unit Letter E : 2310	Teel From The North Line	and						
	Line of Section 32 Town	nahip 175 Range 30	E , NMPH		Eddy	Count			
		THE COLUMN TO STATE OF THE CASE	:						
m.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address	to which approve	d copy of this form is	to be sent)			
Navajo Refining Co. P.O. Box 159, Artesia, NM 88210									
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved top) of the								
		Unit Sec. Twp. Rge.	is gas actually connect	ed? Wher					
	give location of tanks.	il well produces oil or liquids, give location of tanks. E 32 18 32 No							
	If this production is commingled with	h that from any other lease or pool,	give commingling orde	t unmper:					
Υ.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same R	es'v. Dill. Re			
	Designate Type of Completio		l t		P.D.T.D.	i			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth						
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
					Depth Casing Shoe				
	Perforations		•						
		TUBING, CASING, AND			SACKS CE	EMENT			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S	ET	SACKS CE				
					L				
			i		i	r exceed top a			
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top a able for this depth or be for full 24 hours)								
	OIL WELL. Producing Method (Flow, pump, gas lift, etc.)								
		•	Casing Pressure		Choke Size	10/10/10			
	Length of Test	Tubing Pressue			· ^ ^				
	Actual Pred. During Test	Oil-Bble.	Water - Bbls.	•	Gae - MCF				
			l		<u></u>				
ı	OAC WELL				Tanadana				
'	Actual Prod. Tool-MCF/D	Length of Test	Bbls. Condensate/MM).	Gravity of Condense				
	Testing Method (pitot, back pr.)	Tubing Pressure (shat-in)	Cosing Pressure (Sho	t-in)	Choke Size				
	Jesting Method (Fitte), Sat 2 5.07				1				
- :1	CERTIFICATE OF COMPLIANCE	CE							
!									
ţ	I hereby certify that the rules and r Division have been complied with								
."	Division have been complied with above is true and complete to the	BY BY LARRY BROOKS GEOLOGIST - NMOCD							
TITLE									
		4	If this is a request for allowable for a newly drilled or deep						
	- Hicanite	well, this form must be accordance with RULE 111.							
	Production	Production Supervisor			at pe tilled ont com	plately for s			
	0.0	able on new and recompleted wells.							

7-9-85