

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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| PROMOTION OFFICE | |

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

MAY 27 1983

Yates Drilling Company

O. C. D.
ARTESIA, OFFICEAddress
207 S. 4th, Artesia, N.M. 88210

Reason(s) for filing (Check proper box)

| | | |
|--|---|-------------------------------------|
| New Well <input type="checkbox"/> | Change in Transporter of: | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> | Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> |

Other (Please explain)

Transporter

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------|---|--|--------------------|
| Lease Name Gulf A | Well No. #2 | Pool Name, including Formation Artesia On. Grayburg SA | Kind of Lease State, Federal or Fee State | Lease No. E-828 |
| Location Unit Letter <u>H</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West East</u> Line of Section <u>19</u> Township <u>18S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County | | | | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing | Address (Give address to which approved copy of this form is to be sent) P.O. Box 159 Artesia, N.M. 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 Sec. Twp. Rge. Is gas actually connected? When <u>H</u> <u>19</u> <u>18S</u> <u>28E</u> <u>NO</u> |

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

| | | | | | | | | |
|------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| Perforations | | | | | Depth Casing Shoe | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|---|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | <u>feet 50-2</u> <u>17-83</u> <u>Re-entry</u> |

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 Tanks <u>4-21-83</u> | Date of Test | Producing Method (Flow, pump, gas lift, etc.) <u>Pumps</u> | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test <u>26</u> | Oil-Bbls. <u>6</u> | Water-Bbls. <u>30</u> | Gas-MCF <u>-</u> |

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 |

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.Janet Geice

(Signature)

Production Clerk

(Title)

5-27-83

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 27 1983

Original Signed By

Leslie A. Clements

Supervisor District II

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the deviation
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own-
er, well name or number, or transporter, or other such change of condi-
tion.Separate Forms C-104 must be filed for each pool in mul-
tiple completed wells.