

CMD : ONGARD 12/04/97 14:04:39
OG6IPRD INQUIRE PRODUCTION BY POOL/WELL OGOJNS -TPIO

Page No: 4

OGRID Identifier : 25575 YATES PETROLEUM CORPORATION

Pool Identifier : 39520 LOCO HILLS;QU-GB-SA

API Well No : 30 15 3253 Report Period - From : 12 1995 To : 12 1997

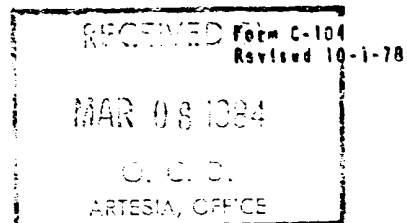
API Well No	Property Name	Prodn. Days	Production Volumes	Well
	MM/YY Prod Gas Oil Water Stat			
30 15 3253 W L H G4S UNIT	09 97			T

Reporting Period Total (Gas, Oil) :

M0001: This is the last page

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF PRODUCING SECTIONS	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
NATURAL GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator
Yates Petroleum Corporation ✓

Address

207 S. 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☒

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Flowing

If change of ownership give name and address of previous owner
Newmont Oil Company PO Box 1305 Artesia, NM 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
W. Loco Hills G4S Ut Tr 34	4	Loco Hills O. G. SA.	State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Federal	B-6570-19
Location				
Unit Letter	E	2310 Feet From The	North	Line and 990 Feet From The
Line of Section	2	Township	18S	Range 29E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining	PO Box 175 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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	2	18	29	NO	

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 Well	Diff. Well
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			

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 Tanks	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

Post-Test-3
3-16-84
Chg. OP

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. 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.

Terri B. Gleghorn
(Signature)Production Clerk
(Title)March 1, 1984
(Date)

OIL CONSERVATION DIVISION

MAR 13 1984

APPROVED _____, 19__

BY _____
ORIGINAL SIGNED
BY LARRY BROOKS
GEOLOGIST - NMOC

This form is to be filed in compliance with RULE 1102.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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

RECEIVED

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION

O. C. C.
ARTESIA, OFFICE

COPIES RECEIVED	3
DISTRIBUTION	
FE	
U.S.G.S.	1
LAND OFFICE	
OPERATOR	1

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-6570-19	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name W. Loco Hills G4S UT
2. Name of Operator NEWMONT OIL COMPANY ✓	8. Farm or Lease Name Tract 34
3. Address of Operator P. O. BOX 1305 - ARTESIA, NEW MEXICO 88210	9. Well No. 4
4. Location of Well UNIT LETTER E, 2310 FEET FROM THE FNL LINE AND 990 FEET FROM FWL LINE, SECTION 2, TOWNSHIP 18, RANGE 29, NMPM.	10. Field and Pool, or Wildcat Loco Hills (Q-G-SA)
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Eddy

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☒

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

Bradenhead to surface

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1" on clamp piped to surface - No valves

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED

Ernest J. McLaughlin

TITLE Office Manager

DATE 3/30/79

APPROVED BY

B. W. Weaver

TITLE OIL AND GAS INSPECTOR

DATE MAY 18 1979

CONDITIONS OF APPROVAL, IF ANY: