

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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O. C. D.  
ARTESIA, OFFICE

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SANTA FE	1
FILE	1
U.S.O.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	1
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Yates Drilling Company ✓

Address 207 South 4th St., Artesia, NM 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"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain) Change Well Name:  
FROM: Wright Fed. Tr 2 Well #4  
TO: South Loco Hills Unit #15

If change of ownership give name and address of previous owner Depco, Inc., 1025 Petroleum Bldg., Denver, CO 80202

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	NM 0925	Lease No.
South Loco Hills Unit	15	Loco Hills Q-G-SA	State, Federal or Fee	Federal	
Location					
Unit Letter	K	1980 Feet From The	South	Line and	1980 Feet From The
Line of Section	20	T. Township	18S	Range	29E
				NMPM.	Eddy
					County

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 Co. - Pipeline Division	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 Sec. Twp. Rge.
	L 20 18 29
	Is gas actually connected? When

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, CR, 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
			Post ID-3
			8-30-82
			Chg. well name
			+ Op.

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

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.

*Joyanta Doodlet*  
(Signature)

Engineering Secretary  
(Title)

8-4-82  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY *Jessie A. Clements*

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 allowable on new and recompleted wells.  
Fill only Sections I, II, III, and VI for changes of owner, well name, number, or transporter, or other such change of condition.  
Separate Form C-104 must be filled for each pool in multiple well wells.