

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

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ARTESIA, OFFICE

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TRANSPORTER	1
OIL	
GAS	
OPERATOR	1
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Operator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Yates Drilling Company ✓

Address
207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well ☐ Change In Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change Well Name:
FROM: HEY 70 Federal #1
TO: South Loco Hills Unit #20

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name South Loco Hills Unit	Well No. 20	Pool Name, Including Formation Loco Hills Q-G-SA	Kind of Lease State, Federal or Fee Federal	Lease No. NM-0593
Location Unit Letter <u>M</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>20</u> Township <u>18S</u> Range <u>29E</u> , 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"/> Navajo Refining Co. - Pipeline Division	Address (Give address to which approved copy of this form is to be sent) 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. M 20 18s 29e
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 6-20-82 chg well name 7 ops

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	Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Cas. 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.

OIL CONSERVATION DIVISION

AUG 11 1982

APPROVED BY Leslie A. Clements
SUPERVISOR, DISTRICT II

TITLE _____
This form is to be filed in compliance with RULE 1104.
If this 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 recompleted wells.
Fill out Sections I, II, III, and VI for changes of ownership, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

Engineering Secretary

8-4-82

(Date)