

OIL CONSERVATION DIVISION

RECEIVED BY P. O. BOX 2000 SANTA FE, NEW MEXICO 87501 O. C. D. REQUEST FOR ALLOWABLE AND ARTESIAN REGULATION TO TRANSPORT OIL AND NATURAL GAS	INTERIM <input checked="" type="checkbox"/> FINAL <input checked="" type="checkbox"/> LAND OFFICE <input checked="" type="checkbox"/> OPERATIONS <input checked="" type="checkbox"/> PRODUCTION OFFICE <input type="checkbox"/>
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Yates Petroleum Corporation ✓
 Address
 207 South Fourth Street, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of: Oil Dry Gas
 Recompletion Change in Ownership Changehead Gas Condensate

Other (Please explain)
 Return Temporarily Abandoned Well to Production

If change of ownership give name and address of previous owner.

DESCRIPTION OF WELL AND LEASE

Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
W. Loco Hills Ut. GAS Tr. 1	2	Loco Hills-O.G.S.A.	State, Federal or Free	Federal LC-047269a

Location
 Unit Letter E : 1650 Feet From The North Line and 330 Feet From The West Line of Section 7 Township 18S Range 30E County Eddy

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil (X) or Condensate ()	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining	P.O. Box 175, Artesia, New Mexico 88210
Name of Authorized Transporter of Gas () or Condensate ()	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks: Oil 0 Gas 1 18S 29E Is it naturally compressed? ---

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	Re-work	Deepen	Flow Back	Other (Specify)
(X)	X			X			X
Date Completed	Date Completed to Depth	Total Depth	Flow Back	Other (Specify)			
August 4, 1941	11-29-84	2804'					
Flowback (BT, RAB, RT, OR, etc.)	Name of Fracturing Treatment	Top Oil/Gas Inty	Flowback Depth				
3524' GL	#4 Grayburg	2784'	2679'				
Perforations			Flowback Casing Size				
Open Hole 2690' - 2804'			2690'				

TUBING, CASING, AND CEMENTING RECORD

HOLES SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	8"	427'	50
8"	7"	2690'	100
7"	4 1/2"	2650'	700
	2 7/8"	2679'	

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed 24 hours for oil wells)

Date of Test	Time of Test	Producing Method (Flow, pump, gas lift, etc.)
12/19/84	12/19/84	Pump
Length of Test	Surging Pressure	Casing Pressure
18 hrs.	---	---
Actual Flow During Test	Oil - Bbls.	Water - Bbls.
260 Bbls	15.6	244

GAS WELL

Test Method	Length of Test	Well Containment (MCT)	Gravity of Condensate
Testing Pressure (psia, back in)	Flowing Pressure (psia-in)	Casing Pressure (psia-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 above is true and complete to the best of my knowledge and belief.

E. Robert Furdale
 (Signature)
 Engineer
 January 23, 1985
 (Date)

OIL CONSERVATION DIVISION
 APPROVED: JAN 24 1985
 BY: ORIGINAL SIGNED BY LARRY BROOKS
 TITLE: GEOLOGIST - NMOC

This form is to be used in compliance with 42 C.F.R. 121.101.
 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 40 C.F.R. 121.101.
 All sections of this form must be filled out completely for all wells, on new and recompleted wells.
 Fill out only sections I, II, III, and VI in absence of well well name or number, or transporter's name or change of condition. Separate forms C-104 must be filed for each pool in multiple completed wells.