

OIL CONSERVATION DIVISION

P.O. BOX 7000

SANTA FE, NEW MEXICO 87501

RECEIVED BY
MAR 20 1986O.C.D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Yates Petroleum Corporation

Address
207 South 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 ☐CASINGHEAD GAS MUST NOT BE
PLACED AFTER 5-3-86AN EXCEPTION FROM
THE RULE IS OBTAINEDIf change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Benson Deep Unit	Well No. 2	Pool Name, including Formation Bone Springs	Kind of Lease State, Federal or Fee Federal	Lease No. LC-028978
Location Unit Letter <u>E</u> : <u>2030</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>34</u> Township <u>18S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> County				

I. 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.	Address (Give address to which approved copy of this form is to be sent) PO 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 <u>E</u> Sec. <u>34</u> Twp. <u>18S</u> Rge. <u>30E</u> Is gas actually connected? <u>No</u> When

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

V. COMPLETION DATA

Designate Type of Completion - (X) Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/> Some Res't's <input type="checkbox"/> Diff. Res't's <input checked="" type="checkbox"/>		
Date Spudded Re-Completion 2-5-86	Date Compl. Ready to Prod. 3-13-86	Total Depth 12050'	P.B.T.D. 10565'
Elevations (DF, RKH, RT, GR, etc.) 3458.5' GR	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 9380'	Tubing Depth 9424'
Perforations 9380-92'			Depth Casing Shoe 12050'

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
24"	20"	80'	500 (in place)
17 1/2"	13-3/8"	500'	3320 (in place)
12 1/4"	8-5/8"	3800'	750 (in place)
7-7/8"	5 1/2"	12050'	

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 3-11-86	Date of Test 3-13-86	Producing Method (Flow, pump, gas lift, etc.) Producing	Choke Size Open
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Gas-MCF 5
Actual Prod. During Test 263	Oil-Bbls. 23	Water-Bbls. 240	

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.

Production Supervisor

3-18-86

OIL CONSERVATION DIVISION

MAR 31 1986

APPROVED

BY

Original Signed By
Les A. Clements

TITLE

Supervisor District II

This form is to be filed in compliance with RULE 110.

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 all wells on new and recompleted wells.

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

Form C-104 must be filed for each pool in multi-