

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

FEB 17 1994

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION 25575		Well API No. 30-015-23726
Address 105 South 4th St., Artesia, NM 88210		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Scout EH Federal 12726	Well No. 5	Pool Name, Including Formation Undesignated Wolfcamp 66052	Kind of Lease State, Federal or Fee /	Lease No. LC 067136
Location Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line Section 34 Township 18S Range 25E , 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"/> Navajo Refining Co. 2740410	Address (Give address to which approved copy of this form is to be sent) PO Drawer 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Transwestern Pipeline Company 2740420	Address (Give address to which approved copy of this form is to be sent) PO Box 1188, Houston, TX 77151-1188					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 34	Twp. 18	Rge. 25	Is gas actually connected? YES	When ? Re-connected 12-11-93

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded RECOMPLETION 12-6-93	Date Compl. Ready to Prod. 12-11-93	Total Depth 9150'	P.B.T.D. 8765'					
Elevations (DF, RKB, RT, GR, etc.) 3405' GR	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 5665'	Tubing Depth 5575'					
Perforations 5665-5678'			Depth Casing Shoe 9144'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13-3/8"	485'	500 sx Port FD-2					
12 1/2"	8-5/8"	1118'	1455 sx 4-1-94					
7-7/8"	5-1/2"	9144'	815 sx comp + BK					
	2-7/8"	5575'						

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 Tank 12-11-93	Date of Test 2-14-94	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 720	Casing Pressure	Choke Size 16/64"
Actual Prod. During Test 282	Oil - Bbls. 282	Water - Bbls. -0-	Gas- MCF 674

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. OPERATOR 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.

Signature
Juanita Goodlett - Production Supervisor
Printed Name
2-15-94
Date
505/748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 28 1994

By

Title SUPERVISOR DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.