

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

Operator Yates Petroleum Corporation	
Address 105 South 4th St., Artesia, NM 88210	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

Other (Please explain)

Casinghead Gas MUST NOT BE

FLARED AFTER 10/29/88

UNLESS AN EXCEPTION FROM
THE B. L. M. IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name Benson Deep Fed. ET Com	Well No. 1	Pool Name, including Formation South Leo Bone Springs	Kind of Lease State, Federal or Foreign Federal	Lease No. LC-028978B
Location Unit Letter B ; 660 Feet From The North Line and 1980 Feet From The East Line of Section 33 Township 18S Range 30E, 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.	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 B	Sec. 33	Twp. 18s	Rge. 30e	Is gas actually connected? No	When

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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded 4-26-88	Date Compl. Ready to Prod. 8-23-88		Total Depth 12055'		P.B.T.D. 10700'			
Elevations (DF, RKB, RT, GR, etc.) 3484.7' GR (Corrected)	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 8318'		Tubing Depth 8197'			
Perforations 8318-8440'					Depth Casing Shoe 12055'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13-3/8"	498'	500 sx (in place)
12 1/4"	8-5/8"	3546'	4050 sx (in place)
5 1/2"	7-7/8"	12055'	500 sx (in place)
	2-7/8"	8197'	

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 5-28-88	Date of Test 8-23-88	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 25#	Casing Pressure 25#	Choke Size Open
Actual Prod. During Test 105	Oil-Bbls. 24	Water-Bbls. 81	Gas-MCF 94

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (spit, 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
(Title)8-25-88
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 29 1988

BY Original Signed By
Mike Williams

TITLE

This form is to be filed in compliance with RULE 11.2.

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 11.1.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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

Complete Form C-104 must be filed for each pool in multiple

