

OIL CONSERVATION DIVISION

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

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REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION		Well API No. 30-015-24330
Address 105 South 4th St., Artesia, NM 88210		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) COMMINGLING ORDER DHC-887 Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> So. Leo Bone Springs - oil 4%; gas 4% Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Undesignated Wolfcamp - oil 96% - gas 96% <i>Wildcat</i>		
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Benson Deep ET Federal Com	Well No. 1	Pool Name, Including Formation So. Leo BS/Undes. Wolfcamp	Kind of Lease State, Federal or Fee	Lease No. LC-028978B
Location Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line 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"/> Amoco Pipeline Intercompany Trucking	Address (Give address to which approved copy of this form is to be sent) 502 N. West Ave. - Levelland, TX 79336
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)	<input checked="" type="checkbox"/> Oil Well <input 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		
Date Spudded Recompletion 4-6-93	Date Compl. Ready to Prod. 4-14-93	Total Depth 12055'	P.B.T.D. 9635'
Elevations (DF, RKB, RT, GR, etc.) 3484.7' GR	Name of Producing Formation Bone Springs/Wolfcamp	Top Oil/Gas Pay 8318'	Tubing Depth 8192'
Perforations 8318-8440' (Bone Springs); 9563-9580' (Wolfcamp)		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
7-7/8"	5-1/2"	12055'	500 sx - in place
	2-7/8"	8192'	

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.)		Producing Method (Flow, pump, gas lift, etc.) Pumping	
Date First New Oil Run To Tank 4-14-93	Date of Test 5-16-93	Casing Pressure 30	Choke Size 2"
Length of Test 24 hours	Tubing Pressure 30	Water - Bbls. 36	Gas - MCF 59
Actual Prod. During Test 47	Oil - Bbls. 11		

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.

Rusty Klein
Signature
Rusty Klein Production Clerk
Printed Name
June 3, 1993 (505) 748-1471
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUN 11 1993**

By **ORIGINAL SIGNED BY**
MIKE WILLIAMS
Title **SUPERVISOR, DISTRICT II**

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

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

