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U.S.G.S.

LAND OFFICE

TRANSPORTER OIL / GAS

OPERATOR

PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED BY
AUG 30 1983
O. C. D.
ARTESIA, OFFICE

Operator

Yates Petroleum Corporation

Address

207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Krauss GE	2	Atoka San Andres	State, Federal or Fee Fee	

Location

Unit Letter L ; 2310 Feet From The South Line and 990 Feet From The West

Line of Section 22 Township 18S Range 26E NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate [ ]

Navajo Crude Oil Purchasing 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 X or Dry Gas [ ]

Yates Petroleum Corporation

Address (Give address to which approved copy of this form is to be sent)

207 S. 4th, Artesia, NM 88210

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	22	18s	26e	Yes	8-14-83

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7-22-83	8-19-83	1750'	1735'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3340' GR	San Andres	1585'	1510'

Perforations	Depth Casing Shoe
1585-1679'	1750'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	10-3/4"	355'	225
9-7/8"	7"	1137'	550
6-1/4"	4-1/2"	1750'	175
	2-3/8"	1510'	

TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
8-14-83	8-19-83	Pumping

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	30#	30#	2"

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
81	56	25	60

Post ID-2 9-2-83 Completion

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Juanita Goodlett
(Signature)

Production Supervisor
(Title)

8-29-83
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 31 1983, 19

BY Original Signed By
Leslie A. Clements
Supervisor District II

TITLE

This form is to be filed in compliance with RULE 1104.

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 allowable on new and recompleted wells.

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