

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>
Operator	

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 ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

RECEIVED BY

OCT 15 1984

O. C. D.
ARTESIA, OFFICE

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.
Platt PA	10	Atoka Glorieta Yeso	State, Federal or Fee Fee	

Location

Unit Letter K ; 1650 Feet From The South Line and 2310 Feet From The WestLine of Section 26 Township 18S Range 26E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

Navajo Refining Co.

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

P.O. Box 159, Artesia, NM 88210

Name of Authorized Transporter of Casinghead Gas ☒ 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.
M	26	18	26

Is gas actually connected?

Yes

When

10-8-84

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'y.	Diff. Rest'y.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
8-19-84	10-8-84	3900'	3859'					
Elevations (DF, R&B, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3311' GR	Yeso	2801'	3659'					
Perforations			Depth Casing Shoe					
2801-3843' Yeso			3900'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	945'	600
7-7/8"	5-1/2"	3900'	465
	2-7/8"	3659'	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10-1-84	10-8-84	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	25#	25#	Open
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
125	35	90	47

Post FD-2
10-19-84
Camp BK

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

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

10-15-84

(Date)

OIL CONSERVATION DIVISION

OCT 17 1984

APPROVED _____, 19____

Original Signed By
BY Leslie A. ClementsTITLE Supervisor District II

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 owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.