ROY AND MINERALS DEPARTMENT ## ## [P\*11\* \*\*\* | 11\*\*\* (n41 mm u1 10 m SANTA PE 7 4/ U B.O.S.

LAND OFFICE

THANSPORTER OAS V DPERATOR PADRATION OFFICE

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Yates Pet	roleum Cor	poration,	/								
Address 207 South	n 4th St.,	Artesia,	NM 882	10		-		D.V	1		
Reason(s) for liling (Check proper b	01)				Other (Pleas	e explain)	RECEIVED	BY			
New Well	Change L	n Transporter o	t:			1			1		
Recompletion	• 🔲   067 09 1984										
Change in Ownership	10010										
Change of ownership give name and address of previous owner					O. ARTESI						
ESCRIPTION OF WELL AND	LEASE					BQ. B					
_ease Name	ormation		Kind of Leas	•							
Kleeman PB	ta Yeso State, Federal			oler Fee Fee	er Fee Fee						
Lecation											
Unit Letter P : 330	Feel Fro	m The Sout	hLin	e and	90	Feet From	The East		and the state of t		
Line of Section 27	Counship 18	S R	lange	26E	, имры	, Eddy			County		
ESIGNATION OF TRANSPOL	RTER OF OIL		RAL GA	S		to which gapte	nued copy of the	4 form 15 to	he senti		
	Come of Authorized Transporter of CII (X) or Condensate					Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purchasing Co.					Box 159, Artesia, NM 88210 Address (Give address to which approved copy of this form is to be sent)						
lame of Authorized Transporter of Casinghead Gas X or Dry Gas					1						
Yates Petroleum Corporation					207 So. 4th, Artesia, NM 88210						
f well produces oil or liquids, ive location of tanks.	oil or liquids, D 27 1 19 26		1 26	Is gas actually connected? Whe			10-2-84				
this production is commingled v	vith that from an	y other lease	or pool,	give commi	ingling orde	r number:					
OMPLETION DATA		oll Well G	as Well	New Well	Workover	Deepen	Piug Back	Same Res	v. Diff. Rest		
Designate Type of Complet		X		X	1	1	1	1 I	1		
Yate Spudded	Date Compl. F			Total Dept			P.B.T.D.	L			
8-7-84	1				350 <b>'</b>		3839	•			
8-7-84 10-8-84 evertions (DF, RAB, RT, GR, etc.) Yame of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
3339' GR	0		2776'			2570 <b>'</b>					
ecforations								Depth Casing Stice			
2776-3772							385	0'			
	T	UBING, CAS	ING, AND	CEMERT	ING RECOR	l D					
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			5.4	SACKS CEMENT			
12-1/4"		8-5/8"			920'			600			
7-7/8"		5-1/2"			3850'			675			
	2-7/8"			2570'							
		<del></del>		<u>i</u>			i				
EST DATA AND REQUEST I	FOR ALLOWA	BLE (Test	must be a	iter recovery	of total volu	ime of load oil	and must be es	qual to or e	xceed top allo		
IL WELL	15-1-15-1	able )	for this de		-		ift. etc.)				
Tate First New Oil Run To Tanks		Date of Test			Producing Method (Flow, pump, gas life Pumping			0-2			
10-2-84		Tubing Pressure			Casing Piessure			Open 10-12-84  Open 10-12-84  Gas-MCF brung + AX			
ength of Test		•						10-12-8			
24 hrs	25#	25# Oil-Bbla.		25#			Open Go • MCF	L	Y WOY PK		
Return Pred. During Test	1	49			127				Bow		
170				1			] 66		<del>-  X                                   </del>		
AS WELL	Length of Tes			Bhla Con	lensote AMC	F	Gravity of C	ondeneate			
Actual Prod. Test-MCF/D				Bble. Condensate/MMCF							
Yesting Method (pitat, back pt.)	Tubing Pressu	Tubing Presewe (sbut-iz)		Coming Prename (Shut-in)		Choke Size					
ERTIFICATE OF COMPLIA	NCE				OIL C		TION DIVIS	ION			
				APPRO	VED	OCT 1	2 1384		19		
hereby certify that the rules and	regulations of the	the Oil Conne Information of	rrvation lven		- 1.0	: -		•			
ovision have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.				BY Original Signed By							
				teslie A. Clements							
(				Harrison District th							
1				This form is to be filed in compliance with nutte tion.  If this is a request for sliowable for a newly drilled or despendent							
Juanda	1/100	rect		1 13 . 43. 1	in town miss	t ha accompt	inled by a lut	ulation of	The Continuity		
(Sia	nature)		Ì	toeta tal	ken on the	well in acco	rdance with	TULE III	•		
Production Supervisor				All nections of this form must be filled out completely for allow							
(Title)				while on new and recompleted wells.  Fill out only Sections I, II, and VI for changes of owner							
10-9-84 (Date)					Fit) out only Sections I, II, III, and VI for changes of dward, well name or number, or trensporter, or other such thange of condition						
{··			1	1							

Teperate Forms C-104 must be filed for each pool in multiply