

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501	
RECEIVED BY DEC 19 1984 O. C. D. REQUEST FOR ALLOWABLE AND ARTESIA OFFICE	
OPERATION OPERATION OFFICE Operator	
Yates Petroleum Corporation	
Address 207 So. 4th St., Artesia, NM 88210	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Wright JA	Well No. 5	Pool Name, including Formation Atoka Glorieta Yeso	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter F	1650	Feet From The North	Line and	2310	Feet From The West
Line of Section 34	Township	18S	Range	26E	NMPM, Eddy County

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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Yates Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 207 So. 4th, Artesia, NM 88210					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 34	Twp. 18s	Rge. 26e	Is gas actually connected? Yes	When 12-14-84

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 <input checked="" type="checkbox"/>	Gas well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res/v.	Diff. Res/v.
Date Spudded 9-8-84	Date Compl. Ready to Prod. 12-14-84		Total Depth 3850'		P.B.T.D. 3807'			
Elevations (DF, RKB, RT, GR, etc.) 3358' GR	Name of Producing Formation Yeso		Top Oil/Gas Pay 2794'		Tubing Depth 3610'			
Perforations 2794-3741'					Depth Casing Shoe 3850'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1 1/4"	8-5/8"	920'	705 sx
7-7/8"	5-1/2"	3850'	490 sx
	2-7/8"	3610'	

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 12-8-84	Date of Test 12-14-84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 20#	Casing Pressure 20#	Choke Size Open
Actual Prod. During Test 202	Oil-Bbls. 20	Water-Bbls. 182	Gas-MCF 20

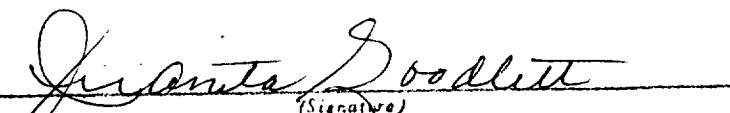
Post ID-2
12-28-84
Camp x BK
⊙

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
Division have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.


(Signature)
Production Supervisor
(Title)
12-14-84
(Date)

OIL CONSERVATION DIVISION

APPROVED **DEC 27 1984**, 19_____
BY ORIGINAL SIGNED
BY LARRY BROOKS
TITLE GEOLOGIST - NMOC

This form is to be filed in compliance with RULE 1.04.

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 1.11.All sections of this form must be filled out completely for allow-
able 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 Form C-104 must be filed for each pool in multiply