

OIL CONSERVATION DIVISION

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APR 10 1986
O. C. D. REQUEST FOR ALLOWABLE
ARTESIA OFFICE
TRANSPORTATION TO TRANSPORT OIL AND NATURAL GAS

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LAND OFFICER	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

P. O. BOX 7000
SANTA FE, NEW MEXICO 87501

Operator Yates Petroleum Corporation
Address 207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input checked="" type="checkbox"/>	Change in Transporter of Oil <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>5-28-86</u> UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED
Recompletion <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <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 <u>W. Loco Hills G48 Ut Tr 10A</u>	Well No. <u>8</u>	Pool Name, including Formation <u>Loco Hills-Q-G-SA</u>	Kind of Lease <u>LC 058480</u>	Lease No.
Location			State, Federal or Fee <u>Federal</u>	
Unit Letter <u>C</u>	<u>990</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u>			
Line of Section <u>3</u>	Township <u>18S</u>	Range <u>29E</u>	, NMPM, <u>Eddy</u> County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Navajo Refining Co.</u>	<u>PO Box 159, Artesia, NM 88210</u>
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.	Is gas actually connected? <u>No</u> When

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Rest'n. <input type="checkbox"/>	Diff. Rest'n. <input type="checkbox"/>
Date Spudded <u>3-3-86</u>	Date Compl. Ready to Prod. <u>4-7-86</u>	Total Depth <u>3000'</u>	P.B.T.D. <u>2939'</u>					
Elevations (DF, RKH, RT, GR, etc.) <u>3510' GR</u>	Name of Producing Formation <u>Loco Hills-Grayburg</u>	Top Oil/Gas Pay <u>2558'</u>	Tubing Depth <u>2625'</u>					
Perforations <u>2558-63'</u>	Depth Casing Shoe <u>3000'</u>							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12-1/4"</u>	<u>8-5/8"</u>	<u>352'</u>	<u>150</u> <u>Post ID 2</u>
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>3000'</u>	<u>775</u> <u>5-2-86</u>
	<u>2-7/8"</u>	<u>2625'</u>	<u>Comp & BK</u>

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 <u>4-1-86</u>	Date of Test <u>4-7-86</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <u>101</u>	Oil-Bbls. <u>26</u>	Water-Bbls. <u>75</u>	Gas-MCF <u>-0-</u>

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

I. 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.

J. A. Goodlett
(Signature)
Production Supervisor
(Title)
4-9-86
(Date)

OIL CONSERVATION DIVISION
APR 28 1986

APPROVED _____, 19____
Original Signed By
BY Les A. Clements
Supervisor District II

TITLE _____

This form is to be filed in compliance with RULE 100.
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. This form must be filed for each pool in multiple.