

OIL CONSERVATION DIVISION

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PRODUCTION OFFICE	

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SANTA FE, NEW MEXICO 87501

JUN 19 1986

O. C. D.

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Yates Petroleum Corporation

Address 105 South 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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lawrence ADZ	1	Atoka Glorieta Yeso	State, Federal or Fee FEE	
Location				
Unit Letter	H	1650 Feet From The North Line and 990 Feet From The East		
Line of Section	22	Township 18S	Range 26E	NMPM, Eddy County

III. 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)	
Navajo Refining Co.	PO Box 159, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Yates Petroleum Corporation	105 S. 4th, Artesia, NM 88210	
If well produces oil or liquids, give location of tanks.	Unit	Sec. 22 Twp. 18s Rge. 26e
	Is gas actually connected? Yes When 6-17-86	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. 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"/> Some Other <input type="checkbox"/> Drill, Ream		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4-8-86	6-17-86	3850'	3790'
Elevations (DF, RKH, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3325' GR	Yeso	2581'	3588'
Perforations			Depth Casing Shoe
2581-3498'			3850'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	60'	Post ID-2
12-1/4"	8-5/8"	825'	550 6-27-86
7-7/8"	5-1/2"	3850'	685 Camp & BK
	2-7/8"	3588'	

V. 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 all
able 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.)	
5-29-86	6-17-86	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	36#	36#	Open
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
455	55	400	62

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pistol, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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

6-19-86

(Date)

OIL CONSERVATION DIVISION

JUN 24 1986

APPROVED _____, 19

BY _____
Original Signed By
Les A. ClementsTITLE _____
Supervisor District IIThis form is to be filed in compliance with RULE 11.1.
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 11.1.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 multiple
completed wells.