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RECEIVED BY
AUG 28 1986
O. C. D. REQUEST FOR ALLOWABLE
ARTESIA OFFICE
PERMIT TO TRANSPORT OIL AND NATURAL GAS

Yates Petroleum Corporation
Address: **105 South 4th St., Artesia, NM 88210**

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

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.
Deeter ADV Com	1	Atoka Glorieta Yeso	State, Federal or Fee	Fee

Location
Unit Letter **M** : **560** Feet From The **South** Line and **990** Feet From The **West**
Line of Section **26 27** Township **18S** Range **26E** , NMPL, **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"/>	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.	Twp.	Rge.	Is gas actually connected?	When
	M	26	18S	26E	Yes	8-8-86

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 Res't	Diff. Res't
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7-15-86	8-22-86	3700'	

Elevations (DF, RKH, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3369' GR	Yeso	2682'	3097'

Perforations	Depth Casing Shoe
2682-3609'	3700'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	40'	
12-1/4"	8-5/8"	960'	600 SX
7-7/8"	5-1/2"	3700'	675 SX
	2-7/8"	3097'	

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed test allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Choke Size
8-14-86	8-22-86	Pumping	Open

Length of Test	Tubing Pressure	Casing Pressure	Gas-MCF
24 hrs	25#	25#	69

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	
566	62	504	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/M/MCF	Gravity of Condensate

Testing Method (pump, 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.

Pranta Goodlett
(Signature)
Production Supervisor
(Title)
8-27-86
(Date)

OIL CONSERVATION DIVISION

APPROVED **AUG 29 1986**, 19

BY **Original Signed By**
Les A. Clements
Supervisor District II

TITLE

This form is to be filed in compliance with RULE 1102.

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.

Form C-104 must be filed for each pool in multiple.