

## OIL CONSERVATION DIVISION

P. O. BOX 7000

RECEIVED BY SANTA FE, NEW MEXICO 07501

JAN 29 1987

REQUEST FOR ALLOWABLE  
AND

O. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ARTESIA, OFFICE

Yates Petroleum Corporation

Address

105 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well ☒  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name White IU	Well No. 3	Pool Name, including Formation Atoka Glorieta Yeso.	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter I ; 2310 Feet From The South Line and 990 Feet From The East Line of Section 28 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) PO 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) 105 S. 4th, Artesia, NM 88210	
If well produces oil or liquids, give location of tanks.	Unit I Sec. 28 Twp. 18S Rge. 26E	Is gas actually connected? Yes When 1-22-87

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 <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Some Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 12-3-86	Date Compl. Ready to Prod. 1-24-87	Total Depth 3650'	P.B.T.D. 3585'
Elevations (DF, RKB, RT, GR, etc.) 3366' GR	Name of Producing Formation Yeso	Top Oil/Gas Pay 2445'	Tubing Depth 2920'
Perforations 4 2485-3488'			Depth Casing Shoe 3650'

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	970'	700 SX
7-7/8"	5-1/2"	3650'	455 SX
	2-7/8"	2920'	

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)

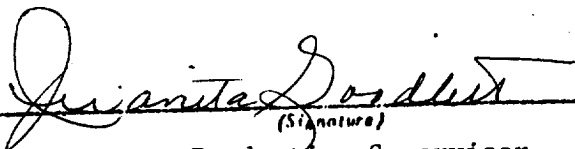
Date First New Oil Run To Tanks 1-22-87	Date of Test 1-24-87	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 25	Casing Pressure 25	Choke Size 2"
Actual Prod. During Test 154	Oil-Bbls. 51	Water-Bbls. 420 BLW	Gas-MCF 103

## GAS WELL

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



Production Supervisor

1-26-87

(Date)

## OIL CONSERVATION DIVISION

APPROVED JAN 30 1987

BY Original Signed By  
Mike Williams

TITLE Oil &amp; Gas Inspector

This form is to be filed in compliance with RULE 110.

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