

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

MAY -2 '90

Operator Yates Energy Corporation ✓		Well API No. ARTESIA, OFFICE
Address P. O. Box 2323, Roswell, NM 88202		
Reason(s) for Filing (Check proper box)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	<input checked="" type="checkbox"/> Other (Please explain) 750 BO. per 100'
Recompletion <input type="checkbox"/>		Test Allowable Request
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Thornbush Federal	Well No. 1	Pool Name, including Formation Undesignated - San Andres	Kind of Lease State, Federal or Fee	Lease No. NM-2538
Location				
Unit Letter N	330	Feet From The South	Line and 1980 1930	Feet From The West
Section 1	Township 18-S	Range 31-E	NMPM,	Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Navajo Refining Company	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas vented	<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.	Unit N	Sec. 1
	Twp. 18-S	Rge. 31-E
Is gas actually connected? no		When ?

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 2-14-90	Date Compl. Ready to Prod. testing		Total Depth 9060'		P.B.T.D. 7600'			
Elevations (DF, RKB, RT, GR, etc.) 3770.0 GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 4620'		Tubing Depth 4624'			
Perforations 3 holes @ 4637'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		350'		405 sacks, circ. 63			
12 1/4"	8 5/8"		2,400'		1050 + 200, circ. 170			
7 7/8"	5 1/2"		9,058'		475 + 470, circ. 10			
	2 3/8"		4,624'					

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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 Tank 4-19-90	Date of Test 4-26-90	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 8 hours	Tubing Pressure 450# SITP	Casing Pressure 675# SICP	Choke Size 1/2"
Actual Prod. During Test 82 BO, 18 BLW	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

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

VI. OPERATOR 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
Sharon R. Hamilton
Printed Name
May 1, 1990
Date

Landman
Title
623-4935
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 7 1990

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.