

OIL CONSERVATION DIVISION

P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

RECEIVED

JUN 21 1988

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

1. OPERATOR Yates Petroleum Corporation ✓		O.C.D. ARTESIA OFFICE
Address 105 South 4th St., Artesia, NM 88210		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State HU Com	Well No. 1	Well Name, including Formation Wolcamp Wolfcamp	Kind of Lease State, Federal or Fee	Lease No. E-952
Location Unit Letter <u>N</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>2080</u> Feet From The <u>West</u> Line of Section <u>7</u> Township <u>19S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Refg. 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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) PO Box 1384, Jal, NM 88252	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 7
	Twp. 19s	Rge. 28e
	Is gas actually connected? <u>YES</u> When <u>6-15-88</u>	

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 type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Hcs'v. <input type="checkbox"/>	Diff. Hcs'v. <input checked="" type="checkbox"/>
Date Spudded <u>RECOMPLETION</u> 5-24-88	Date Compl. Ready to Prod. 6-7-88		Total Depth 11300'		P.B.T.D. 9465'			
Elevations (DF, RKH, RT, GR, etc.) 3528' GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 8569'		Tubing Depth 8508'			
Perforations 8569-8598'					Depth Casing Shoe 11275'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13-3/8"	400'	350 sx (in place)
12 1/4"	8-5/8"	2200'	800 sx (in place)
7-7/8"	5-1/2"	11275'	575 sx (in place)
	2-3/8"	8508'	

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 allowable 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 820	Length of Test 9 hrs	Bbls. Condensate/M/MCF 24	Gravity of Condensate -
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 380	Casing Pressure (shut-in) PKR	Choke Size 24/64"

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
(Signature)
6-17-88
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 29 1988, 19
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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.