

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	
PRODUCTION OFFICE	

Operator Yates Petroleum Corporation ✓

Address 207 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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Allison "CQ" Federal	7	Undr. Hoag Tank Morrow	NM 14118 State, Federal or Fee Federal	

Location

Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West

Line of Section 23 Township 19S Range 24E NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Address (Give address to which approved copy of this form is to be sent)

Navajo Crude Oil Purchasing Co.

P.O. Box 159, Artesia, NM 88210

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒

Transwestern Pipeline Co.

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 2521, Houston, TX. 77001

If well produces oil or liquids,
give location of tanks.

Unit	Sec.	Twp.	Rge.
E	23	19S	24E

Is gas actually connected? When Approx. 4-8 wks.
10-29-81

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
5-16-81	7-7-81	9985'	9902'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3648 ft.	Morrow	8850'	8848'					
Perforations			Depth Casing Shoe					
8850-8868'			9985'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	350'	450
12-1/4"	8-5/8"	1056'	1301
7-7/8"	5-1/2"	9985'	1410
	2-3/8"	8848'	

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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
		Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
379	1 hr.	-	-
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	630	Packer	3/4"

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.

Engineering Secretary

7-14-81

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 22 1981

BY W. A. Gressitt

TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen
well, this form must be accompanied by a tabulation of the deviat
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for alle
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own
well name or number, or transporter, or other such change of conditiSeparate Forms C-104 must be filed for each pool in multy
completed wells.