Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

Revised 1-1-89
See Instructions
at Bottom of Page

CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. Box 2088 Santa Fe, New Mexico 87504-2088									V		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 L.	REQUEST TO T		ALLOWA				IIZATIQI BAS		, OFFICE			
Operator YATES PETROLEUM CO	s petroleum corporation			Well					API No. D-015-23890			
Address 105 South 4th St.,	Artesia, N	M 8	8210	·	<u> </u>	DI.	.4.1.3				,	
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator If change of operator give name and address of previous operator	RY Chang Oil Casinghead Gas	Dr	ansporter of: y Gas ondensate		Other (Please exp	otain)					
II. DESCRIPTION OF WELL	AND LEASE						•					
Lease Name Sara AHA Com	Well 1	No. Po	ol Name, Inclu South Dag	ding Forma gger D	nion raw U	pper			Lease		ease No.	
Location Unit LetterI	: 1980	Fe	et From The	South	_ Line at	nd6	60	_ Feet	From The	East	Line	
Section 11 Township	p 20S	R	ange 24	E	, NMP	М,			Eddy		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil Navajo Refining Co.	or Co	ondensat	• 🗆	Addres PO	s (Give a Box 1	L59, A	rtesia	, N	M 8821			
Name of Authorized Transporter of Casing Yates Petroleum Corpo	e of Authorized Transporter of Casinghead Gas					Address (Give address to which approved copy of this form is to be sent) 105 South 4th St., Artesia, NM 88210						
If well produces oil or liquids, give location of tanks.	Unit Sec. I 11	i_	wp. Rg 20s 24e	}	Yes			Vhen ?	7-11-	-90	· · · · · · · · · · · · · · · · · · ·	
If this production is commingled with that IV. COMPLETION DATA									n	<u> </u>	bien i	
Designate Type of Completion	- (X)	Well X	Gas Well	New X	į į	Workover ∩9547	_ii	en		Same Res'v	Diff Res'v	
Date Spudded RE-ENTRY	Date Compl. Res	IOURIL	Total Depth TD=9546 COTD=7975				P.B.T.D. 7820 '					
5-11-90 Elevations (DF, RKB, RT, GR, etc.) 3608 GR	Name of Product	Top Oi	Top Oil/Gas Pay 7658 '				Tubing Depth 7608'					
Perforations 7754–7766'; 7658–771	7 '								Depth Casir	ng Shoe 8042 '		
7757 7700 , 7000 771	TUBI		ASING AN	D CEMI								
HOLE SIZE	CASING	& TUB	ING SIZE			EPTH S				SACKS CEN		
17½"		3/8"				15'					(in place (in place	
111;"	8-5	/8"				205'					(in place	
7-7/8"	5½" 2-7/8"				8043' 7608'				OUU SX (III PIACE			
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR ALL	OWAI	BLE load oil and m	ust be equa	il to or e	xceed lop	allowable fo	or this	depth or be	for full 24 ho	ours.) est FD-2	
Date First New Oil Run To Tank	Date of Test 8-14	-90			ing Metl Pumpi		, pump, gas	iyi, e	.c.j	<i>14</i>	1-94-61	
7-11-90 Length of Test	Tubing Pressure				Pressure				Choke Size		p Pam	
24 hrs Actual Prod. During Test	Oil - Bbls.	Water	Water - Bbls. 1764				Gas- MCF 805					
	<u> </u>					<u> </u>			1			
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls.	Bbls. Condensate/MMCF				Gravity of Condensate					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regularision have been complied with and	ulations of the Oil (d that the informati	Conserva	ation		C	OIL CO	ONSEI	RV	ATION	DIVISI	ON	
is true and complete to the best of my	knowledge and be	elief.			Date	Appro	ved		AUG 2	1 1990		
Signature Conditate	oollete Production		nvr.	-	Ву		ORIGI MIKE	NAL WILL	SIGNED	BY		
Juanita Goodlett - Printed Name 8-15-90	· · · · · · · · · · · · · · · · · · ·		Title 3-1471	-	Title_				OR, DIS	TRICT IT		
Date	(505)		hone No.	-		•		* * - *-		· · · · · · · · · · · · · · · · · · ·		

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.