

OIL CONSERVATION DIVISION

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SANTA FE	
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/> OIL <input checked="" type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

RECEIVED BY P. O. BOX 7000
SANTA FE, NEW MEXICO 87501
AUG 19 1987
REQUEST FOR ALLOWABLE
O. C. D.
ARTESIAZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Yates Petroleum Corporation

Address
105 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Oil <input type="checkbox"/>	Dry Gas <input checked="" type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>			

Other (Please explain)
CORRECT GAS TRANSPORTER:
EFFECTIVE MAY 5, 1987

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Triangle Ranch YK State	Well No. 1	Pool Name, including Formation Undes. Cisco	Kind of Lease State, Federal or Fee	State	Lease No. LG-2407
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Location
Unit Letter I ; 1980 Feet From The South Line and 660 Feet From The East
Line of Section 13 Township 19S Range 23E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" 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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Yates Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 105 So. 4th St., Artesia, NM 88210

If well produces oil or liquids, give location of tanks.	Unit I	Sec. 13	Twp. 19s	Rge. 23e	Is gas actually connected? Yes	When 5-5-87
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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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKH, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Part FD-3 8-21-87 Chg GT: TWP

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)

OIL WELL

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

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.

Yvonne Doodler
(Signature)
Production Supervisor
(Title)
8-17-87
(Date)

OIL CONSERVATION DIVISION
AUG 26 1987

APPROVED _____, 19____
Original Signed By
BY Les A. Clements
TITLE Supervisor District II

This form is to be filed in compliance with N.M.C. 19-2-102.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with N.M.C. 19-2-111.
All portions 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