

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

MAR 04 '88

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

C. C. D.

ARTESIA, OFFICE

Yates Petroleum Corporation

Address

105 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Millman SB State	Well No. 2	Pool Name, including Formation Und. South Millman Morrow	Kind of Lease State, Federal or Fee State	Lease No. LG-648
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>16</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 Refining Company	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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, TX 77001					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 16	Twp. 19s	Rge. 28e	Is gas actually connected? Yes	When 3-3-88

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
		X	X					
Date Spudded 2-18-84	Date Compl. Ready to Prod. 4-3-84		Total Depth 11296'			P.B.T.D. 11197'		
Elevations (DF, RKB, RT, GK, etc.) 3499' GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 10966'			Tubing Depth 10906'		
Perforations 10966-11015'						Depth Casing Shoe 11296'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	440'	400
11"	8-5/8"	2588'	2050
7-7/8"	4-1/2"	11296'	930
	2-3/8"	10906'	

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 1835	Length of Test 3 hrs	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 280	Casing Pressure (shut-in) Pkr	Choke Size 1/2"

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.

OIL CONSERVATION DIVISION

APPROVED APR 05 1988, 19

Original Signed By
BY Mike Williams

TITLE Oil & Gas Inspector

This form is to be filed in conformance with Rule 111.
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. Separate Form C-104 must be filed for each pool in multiple.

Production Supervisor

3-3-88

(Date)