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OIL CONSERVATION DIVISION
RECEIVED BY BOX 2000
SANTA FE, NEW MEXICO 87501
APR 10 1987
O. C. D. REQUEST FOR ALLOWABLE
ARTESIA, NM
AUTHORITY 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 ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) CHANGE WELL NAME:
FROM: BENSON DEEP UNIT #5
TO: BENSON DEEP FEDERAL FS COM #1

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

DESCRIPTION OF WELL AND LEASE
Lease Name Benson Deep Federal FS Com Well No. 1 Pool Name, including Formation Undes. Strawn Kind of Lease State, Federal or Fee Federal Lease No. NM-8673
Location
Unit Letter H : 1830 Feet From The North Line and 660 Feet From The East
Line of Section 4 Township 19S Range 30E , 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)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When

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 Some Restr. Diff. Rest.
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
4-12-87
chg well NAME

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 all able 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 Length of Test Bbls. Condensate/MMCF 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.

John A. Doodley
(Signature)
Production Supervisor
(Title)

4-9-87
(Date)

OIL CONSERVATION DIVISION

APR 15 1987

APPROVED _____, 19 _____

BY Les A. Clements
Original Signed By

TITLE Supervisor District II

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.

Separate Form C-104 must be filed for each pool in multiple completed wells.