

OIL CONSERVATION DIVISION
P. O. BOX 7088
SANTA FE, NEW MEXICO 87501

RECEIVED

APR 13 '88

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O.C.D.
APPROVAL OFFICE

NO. OF COPIES RECEIVED	
DISTRICT OFFICE	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
NATURAL GAS	<input checked="" type="checkbox"/>
OPERATOR	
PROMOTION OFFICE	

I. 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)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Agave AAJ State	Well No. 2	Pool Name, including Formation Unders. Cisco <i>Wildcat Run</i>	Kind of Lease State, Federal or Fee State	Lease No. LG-6459
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>32</u> Township <u>19S</u> Range <u>24E</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 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 South 4th St., Artesia, NM 88210
If well produces oil or liquids, give location of tanks.	Unit <u>K</u> Sec. <u>32</u> Twp. <u>19S</u> Rge. <u>24E</u> Is gas actually connected? <u>Yes</u> When <u>4-12-88</u>

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res. <input type="checkbox"/>		
Date Spudded 8-7-85	Date Compl. Ready to Prod. 10-15-85	Total Depth 9010'	P.B.T.D. 8605'
Elevations (DF, RKB, RT, GR, etc.) 3826' GR	Name of Producing Formation Cisco	Top Oil/Gas Pay 6738'	Tubing Depth 8742'
Perforations 6738-56'			Depth Casing Shoe 9002'

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	376'	850
11"	8-5/8"	1175'	850
7-7/8"	7"	1600'	125
6-1/8"	4-1/2"	9002'	1075
	2-3/8"	8742'	

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 oil 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 6656	Length of Test 3 hrs	Bbls. Condensate/MCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-In) 1050	Casing Pressure (Shut-In) Packer	Choke Size 1/2"

VI. 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.

Liamita Goodlett
(Signature)
Production Supervisor
4-12-88
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 18 1988, 19

BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 111.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of contract.

Separate Form C-104 must be filed for each pool in