STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

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

RECEIVED BY
DEC 26 1985
O. C. D.
ARTESIA, OFFICE

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DISTRIBUTION		
SANTA FE	✓	
FILE	✓	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER: OIL	✓	
TRANSPORTER: GAS		
OPERATOR	✓	
PRORATION OFFICE		

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator: Yates Petroleum Corporation ✓

Address: 207 South 4th St., Artesia, NM 88210

Reason(s) for Filing (Check proper box)
- New Well [X]
- Recompletion [X]
- Change in Ownership [ ]

Change in Transporter of:
- Oil [ ]
- Dry Gas [ ]
- Casinghead Gas [ ]
- Condensate [ ]

Other (Please explain)
CASINGHEAD GAS MUST NOT BE [illegible] AFTER 2-9-86
UNLESS EXCEPTION FROM [illegible] N.M. IS OBTAINED

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease / State, Federal or Fee	Lease No.
Amoco QT Federal	2	Undesignated – Wolfcamp	NM 13621 / Federal	

Location: Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East

Line of Section 29 Township 19S Range 24E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: 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 [ ] 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
	P	29	19s	24e	NO	

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'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Recompletion 10-24-85	12-16-85	7680'	7395'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3790' GR	Wolfcamp	6302'	6250'
Perforations			**Depth Casing Shoe**
6302-12'			7680'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	319'	200
12-1/4"	8-5/8"	1385'	595
7-7/8"	5-1/2"	7680'	770
	2-7/8"	6250'	

V. 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)

Post ID-2
1-16-86
Comp + BK

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11-6-85	12-16-85	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs	15	15	Open
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
11	10	1	-0-

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**

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.

Linda Goodlett
(Signature)

Production Supervisor
(Title)

12-19-85
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 16 1986, 19__

BY Original Signed By
Les A. Clements

TITLE ~~Supervisor District II~~

This form is to be filed in compliance with RULE 1104.

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 operator, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply