

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

7501 RECEIVED BY
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O. C. D.
NATURAL GAS

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EIGHT NUMBER ITEM			
PAGE NO.		✓	
FILE		✓	✓
I.R.O.S.			
LAND OFFICE			
TRANSPORTATION	OIL GAS	✓	✓
OPERATOR		✓	
PRODUCTION OFFICE			
(initials)			

Yates Petroleum Corporation

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

Reason(s) for filing (Check proper box)

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

Other (Please explain)

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

Lease Name		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Parish IV Com		1	North Dagger Draw-Upper Penn	State, Federal or Fee Fee	
Location					
Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u>					
Line of Section <u>19</u> Township <u>19S</u> Range <u>25E</u> , NMPM, <u>Eddy</u> County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					PO Box 159, Artesia, NM 88210	
Navajo Refining Co.						
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Yates Petroleum Corporation					105 S. 4th St., Artesia, NM 88210	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	19	19s	25e	Yes	5-7-87

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'tv.	Diff. Res'tv.
Date Spudded 3-14-87		Date Compl. Ready to Prod. 5-11-87		Total Depth 8115'		P.B.T.D. 7967'			
Elevations (DF, RKB, RT, GR, etc.), 3565' GR		Name of Producing Formation Canyon		Top Oil/Gas Pay 7801'		Tubing Depth 7550'			
Perforations 7801-7929'						Depth Casing Shoe 8115'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
26"	20"		40'		Past ID-2				
14-3/4"	9-5/8"		1147'		5-29-87				
8-3/4"	7"		8115'		675 comp & BK				
	2-7/8"		7550'						

Date First New Oil Run To Tanks 5-7-87		Date of Test 5-11-87	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs		Tubing Pressure 100#	Casing Pressure 100#	Choke Size 2"
Actual Prod. During Test 1169		Oil - Bbls. 257	Water - Bbls. 912	Gas - MCF 240

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (spurt, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

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.

Guarata Zoodler
(Signature)
Production Supervisor
(Title)
5-12-87
(Date)

APPROVED MAY 25 1987 , 19
BY Original Signed By
Les A. Clements
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