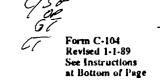
Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department



and the state of t

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.	T	OTRA	SPORT	OIL	AND NAT	TURAL	GAS	3				
Operator VATER DETROITEDM CO						API No.						
YATES PETROLEUM CO	DRPORATI	UN						30)-015-2590) 		
105 South 4th St.,	Artesia	, NM	88210									
Reason(s) for Filing (Check proper box)			· · · · · · · · ·		X Othe	r (Please e	xplain	1)				
New Well			Transporter of		Eff	Eectiv	e Da	ate: 3	January 1,	1991		
Recompletion	Oil Casinghead		Dry Gas Condensate	\Box					4 ,			
If change of operator give name				<u> </u>								
and address of previous operator			• • • • • • • • • • • • • • • • • • • •									
II. DESCRIPTION OF WELL					-			1		- 		
Lease Name Roy AET	-	Well No. Pool Name, Including Formation North Dagger Draw Upper Kind of Lease State, Federal or Fee								ase No.		
Location		' - 1		67			nn		, ()			
Unit Letter N	6	60	Feet From Th	Soi	uth Line	and	198	3.0 Fe	et From The	West	Line	
Section 8 Township	, 1	9S 1	Range	25	E, NM	1РМ,		Eddy			County	
III. DESIGNATION OF TRAN	SPORTER	OF OII	L AND NA	TUR.	AL GAS							
Name of Authorized Transporter of Oil		or Condens			Address (Give				copy of this form			
Amoco Pipeline Intercorporate Trucking PO Box 702068, Tulsa, OK 74170-206 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be s												
Name of Authorized Transporter of Casing Yates Petroleum C		Address (Give address to which approved copy of this form is to be sens) 105 S. 4th St Artesia, NM 8821						#) 8210				
If well produces oil or liquids, give location of tanks.	Unit :			Rge. 1 25E	s gas actually Ye		17	When	? 8-10-8	38	!	
If this production is commingled with that (
IV. COMPLETION DATA												
Designate Type of Completion	- (X)	Oil Well	Gas We	ell	New Well	Workove	r	Deepen	Plug Back Sar	ne Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			7	Total Depth				P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
									RECEIVED			
Perforations		-				Depth Casing Shoe						
	TUBING, CASING AND				CEMENTING RECORD				DEC 1	RFC 14 '90		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
									O. C. D.			
									ARTESIA, OFFICE			
									12-21-80	Mel	TNAC	
V. TEST DATA AND REQUES OIL WELL (Test must be after re							-11	abla for thi	- d	JI 24 Sam	- 1	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	ii voiume oj	toda ou ana		roducing Me					41 24 NOUP	3.)	
	<u> </u>											
Length of Test	Tubing Pressure			C	Casing Pressure				Choke Size			
Actual Prod. During Test	Oil - Bbls.			* 1	Water - Bbls.				Gas- MCF			
GAS WELL	<u> </u>								_L	·	· 	
Actual Prod. Test - MCF/D	Length of To	est		ŢĪ.	Bbls. Condens	sate/MMCI	ř		Gravity of Cond	ensale	··-	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMPI	LIANCE		_	NI 01	25.14) F D ' '	ATION: 5:			
I hereby certify that the rules and regul		OIL CONSERVATION DIVISION										
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					DEC 1 4 1990							
Λ	Λ	\(\sigma\)			Date	Appro	ved				· · · · · · · · · · · · · · · · · · ·	
Guarita Goodlott GLG					ORIGINAL SIGNED BY							
Simulue Juanita Goodlett - Production Supvr.					By MIKE WILLIAMS SUPERVISOR, DISTRICT IT							
Printed Name			Title	_	Title	. J	UFC	ハマロコンド	, UISTRE, 1 T	Ī		
12-14-90 Date	(50		-1471 hone No.	-								
~ 				11	ì							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.