

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION / 25575		Well API No. 30-015-26427
Address 105 South 4th St., Artesia, NM 88210		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) Commingled Production from Wolfcamp/Canyon formations. Canyon - 100% oil, 65% gas Wolfcamp - 0% oil, 35% gas		
If change of operator give name and address of previous operator COMMINGLING APPROVED ORDER NO. DHC 782		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Alexandre AHX Federal 11979	Well No. 1	Pool Name, including Formation Wildcat Upper Perm 75430 Under Canyon/Wolfcamp	Kind of Lease State, Federal or Fee Fee	Lease No. NM 39949
Location Unit Letter C : 660 Feet From The North Line and 2105 Feet From The West Line Section 33 Township 19S Range 24E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Amoco Pipeline Intercompany Trucking	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 702068, Tulsa, OK 74170-2068				
Name of Authorized Transporter of Casinghead Gas Yates Petroleum Corporation	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 105 South 4th, Artesia, NM 88210				
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 33	Twp. 19	Rge. 24	Is gas actually connected? Yes	When? 1-9-91

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 8-20-90	Date Compl. Ready to Prod. 1-17-91	Total Depth 8980'		P.B.T.D. 8850'				
Elevations (DF, RKB, RT, GR, etc.) 3770' GR	Name of Producing Formation Canyon/Wolfcamp		Top Oil/Gas Pay 6076' / 7245'		Tubing Depth 7494'			
Perforations 7245-7555' Canyon; 6076-6338' Wolfcamp					Depth Casing Shoe 8980'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		40'		Redi-Mix			
14-3/4"	9-5/8"		1292'		1665 sx			
8-3/4"	5-1/2"		8980'		2450 sx			
	2-3/8"		7494'					

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 allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	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 431	Length of Test 24 hrs	Bbls. Condensate/MMCF 4	Gravity of Condensate 42° (est)
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 250 psi	Casing Pressure (Shut-in) Pkr	Choke Size 32/64"

VI. OPERATOR 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.

Signature
Juanita Goodlett - Production Supvr.
Printed Name
1-23-91
Date
Title
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 7 1991

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.