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

## State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION P.O. Box 2088

Ut. 31 1991

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

Santa Fe, New Mexico 87504-2088 R ALLOWABLE AND AUTHORIZATION PROCESS OF COMMENTS OF C

						AND NAT						
erator		ND NATURAL GAS Well API No.										
YATES PETROLEUM C			3	0-015-26454								
dress 105 South 4th St.,	Artesia	, NM	882	210				. <u> </u>				
ason(s) for Filing (Check proper box)						Other	(Please expla	in)				
w Well	C	hange in	Transp	porter of:	-							
completion	Oil		Dry G	Gas L	_							
ange in Operator	Casinghead	Gas 🔲	Conde	ensate [	<u> </u>							
hange of operator give name address of previous operator												
DESCRIPTION OF WELL	AND LEAS	SE					<del></del>	17:-4	f Lease		ase No.	
ease Name	'	Well No. Pool Name, Includin					n <b>g Formation</b> ger Draw U/Penn			,	ASC IVO.	
Foster AN		2	NO	rtn D	agg	er Draw	u/Penn_					
Unit Letter B	:660	: 660 Feet From The No					and1980	). Fe	et From The	East	Line	
Section 1 Township 20S Range 24E						. , NN	IPM,		Eddy County			
	MCDADTE	OFO	TT A1	NID NIA	וו זיים.	DAL GAS						
. DESIGNATION OF TRA	NSPURIER	or Conden	Raie	און עוו		Address (file	address to wi	ich approved	copy of this f	orm is to be se	ent)	
ame of Authorized Transporter of Oil Amoco Pipeline Inter Amoco Pipeline-Oil T	cop <del>or</del> ate	Truck	ing			PO Box 7	02068, <u>1</u>	Culsa, C Culsa, C	K 7417 K 7417	0-2068 0-2068		
Varne of Authorized Transporter of Casinghead Gas XX or Dry Gas					$\equiv$	Address (Give	address to w	hich approved	copy of this form is to be sent) sia, NM 88210			
Yates Petroleum Corporation					<del></del>		When		. 30210			
well produces oil or liquids, re location of tanks.	Unit   1	Sec. 1	Twp. 20		Rge.	Is gas actually Yes	connected?	When	12-20-9	1		
his production is commingled with the				!		ing order numb	er:					
COMPLETION DATA							<del></del>	<b>~</b>	·			
Designate Type of Completion	n - (X)	Oil Well	i [	Gas W	ell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
ate Spudded		Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
11-25-91		12-28-91				8275			8162'			
evations (DF, RKB, RT, GR, etc.)		Name of Producing Formation				Top Oil/Gas	-ay			Tubing Depth		
3592' GR Canyon						7680 <b>'</b>			7890 Topth Casing Shoe			
Perforations									8275'			
7680-7790 <b>'</b>	77	IRING	CAS	SING A	ND	CEMENTI	NG RECOR	D				
UOLE 017E		CASING & TUBING SIZE				CEMENTING RECORD DEPTH SET			SACKS CEMENT			
HOLE SIZE	20	20"				40'			Redi-Mix			
14-3/4"		9-5/8"				1086'			1100 sx			
8-3/4"		7"				8275'			1750 sx			
2-7/8"						7890 <b>'</b>						
. TEST DATA AND REQU	FST FOR A	LLOW	ABL	E							1	
IL WELL (Test must be afte	r recovery of to	tal volume	e of loc	ad oil and	d mus	t be equal to or	exceed top all	lowable for th	is aepin or be	jor juli 24 no	ws.j	
Date First New Oil Run To Tank  12-20-91  12-28-91						Producing Method (Flow, pump, gas lift, etc.) Pumping						
12-20-91		Tubing Pressure				Casing Press			Choke Size	Choke Size		
ength of Test	_	220				210			32/64"			
24 hrs Actual Prod. During Test	Oil - Bbls.					Water - Bbis	•		Gas- MCF			
1466	l l	745				721				1205		
GAS WELL												
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbls. Conde	nsate/MMCF		Gravity of Condensate			
		(B) (1 ) D (C) (C) (C)				Carlos No.	Time /Chart in)		Choke Size			
Testing Method (pitot, back pr.)	Tubing Pro	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)						
VI. OPERATOR CERTIF	ICATE OF	COM	PLL	ANCE	3			NCED	/ATION	ו הואופו	ON	
I hereby certify that the rules and re	egulations of the	Oil Cons	ervatio	on		11	OIL CO	ころにロノ			OIN	
Division have been complied with a is true and complete to the best of a	and that the info	rmation g	iven al	bove		Dat	e Approv	ed	JAN 1	4 1992		
0	χ.						• •					
Justa /	) a ville	ill				By.		GINAL SI				
Signature Juanita Goodlett	- Produc	tion	Sup	vr.		-	MIK	E WILLIA		· T 18		
			Tit				SUP	ERVISOR	, DISTRIC	1 17		
Printed Name							3					
Printed Name 12-30-91	(5		48-	1471 me No.		Title	<b>)</b>					

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
- 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.