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 RECEIVED

JUN - 1 1992

See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

,	HEQUE T	OTRA	NSP	ORT OIL	AND NAT	URAL GA	S			<del></del>	
Operator			Well A								
YATES PETROLEUM		30-0].5-26712									
Address 105 SOUTH 4th S	TREET,	ARTES	IA,	NM 882	10	r (Please expla	in).				
Reason(s) for Filing (Check proper box)	_	_	<b>.</b>					00	1		
New Well		hange in	_	f 1	Well pr	oducing	thru LA	CI unit	Tocated	1 6 26-205-24F	
Recompletion	Oil		Dry Ga		Conoco	AGK Fede	eral #2,	unit G	, sec. 4	26-20S-24E	
Change in Operator	Casinghead	Gas	Conde	nsate							
f change of operator give name and address of previous operator							<del></del>		- <del></del>		
II. DESCRIPTION OF WELL A	ND LEAS	SE	De al N	Includi	g Formation Kin			of Lease No.			
Lease Name	WEIL NO.   FOOI INSTRUCTION				er Draw U/Penn / State,			Federal or Fee NM 045275			
Conoco AGK Federal					-				Foot		
Unit LetterI	:1980	. 1980 Feet From The South Line and _						60 Feet From The East Line			
Section 26 Township	, NMPM, E			dc.y County							
III. DESIGNATION OF TRANS	SPORTER	OF O	IL AN	ID NATU	RAL GAS			+ of this f	orm is to he s	ent)	
Name of Authorized Transporter of Oil	LXX ,	or Conden	sale		Address (Giv	e address to wh	hich approved	copy of this je	11 and	TY 79336	
Amoco Pipeline Co. Amoco Pipeline Interco						North We	st Avenu	ie, Leve	e, Levelland, TX 79336		
Name of Authorized Transporter of Casing	head Gas	ad Gas X or Dry Gas				<i>e address to wl</i> outh 4th	hich approved St., Al	copy of this form is to be sent) tesia, NM 88210			
Yates Petroleum Corpor	<u>ation</u>		<u></u>	l Page	Is gas actuall		When	?			
If well produces oil or liquids,	1		Twp. 20		Yes	y commercial.	i	5-	-20-92		
give location of tanks.	G	26			ling order num	ber:					
If this production is commingled with that f	rom any oute	if lease of	poor, g	110 0011212119							
IV. COMPLETION DATA	<u></u>	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	1	
Designate Type of Completion	- (A)		Drod		Total Depth	.l		P.B.T.D.		Post ID-1	
Date Spudded 4-7-92	Date Compl. Ready to Prod. 5-20-92				8140 ' Top Oil/Gas Pay			8085 6-19-93 Tubing Depth Comp L M K			
Elevations (DF, RKB, RT, GR, etc.) 3529 GR	Name of Producing Formation Canyon				7666'			7828 Depth Casing Shoe			
Perforations									8140'		
7666-7733	Т	UBING.	. CAS	ING AND	CEMENTI	NG RECOF	<b>D</b>	<del></del>	21010 051	AENT.	
HOLE 8175	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT Redi-Mix			
HOLE SIZE	20"				75'			1100 sx+RediMix			
14-3/4"	9-5/8"				1177'			1555 sx			
8-3/4"	7"				8140 ' 7828 '			<u> </u>	1555 SX		
	2-7/8"										
V. TEST DATA AND REQUES			ABLI	E		: 	towable for th	is denth or be	for full 24 ho	ours.)	
OIL WELL (Test must be after r	ecovery of lo	iai voiume	of load	d oil and mus	Producing M	lethod (Flow, p	ump, gas lift,	elc.,			
Date First New Oil Run To Tank	te First New Oil Run To Tank Date of Test					Pumping	1				
5-20-92		Tubing Pressure			Casing Press			Choke Size	; ; † †		
Length of Test 24 .hrs		160				180					
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			387				
553	350					203					
GAS WELL		<del></del>			Rbis Conde	nsate/MMCF		Ciravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test				Bois. Concensus.						
	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			(hoke Size			
Testing Method (pitot, back pr.)		,	_				<u> </u>	<u> </u>			
VI. OPERATOR CERTIFIC	CATE OF	COM	PLL	NCE		OIL CO	NSERV	'A'TION	DIVISI	ON	
The section that the rules and real	lations of the	Oil Cons	ervalion	1		OIL OO	, , , , , , , , , , , , , , , , , , , ,				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Dat	Date ApprovedJIN 1 6 1992					
O winda Sandles						ORIGINAL SIGNED BY					
Signature JUANITA GOODLETT - PRODUCTION SUPVR.					∥ By	By MIKE WILLIAMS SUPERVISOR, DISTRICT IT					
JUANITA GOODLEII			Title	₽	Title	e St	UPERVISC	ж. UISTH	III III		
Printed Name 5-28-92	(505	) 748	-147								
Date	·	10	-i-hion							والمراجع المراجع	

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. C 104 must be filed for each pool in multiply completed wells.