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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

RECEIVED

See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

JUL 2 0 1992

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

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION CO. C. D.

| <u>,</u> | TO TRA | NSPORT OIL | AND NATURAL GA | NS | 6. 11. | | |
|---|--|--------------------------------------|---|---|-----------------------|---|--|
| Operator YATES PETROLEUM | Well API No. 30-015-26915 | | | | | | |
| Address 105 SOUTH 4th S | STREET, ARTES | SIA, NM 882 | 210 | | | | |
| Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator Change of operator give name | | Transporter of: Dry Gas Condensate | X Other (Please expla WELL PRODUCING AHH #1, LOCATE | THRU_L# | | | |
| and address of previous operator | | | | | | | |
| II. DESCRIPTION OF WELL A Lease Name Foster AN | AND LEASE Well No. 4 | ng Formation ger Draw U/Penn | Kind of Lease Lease No. // State, Folderal for Fee | | | | |
| Location Unit LetterC | . 660 | Feet From The _S | outh Line and 198 | 0 Fe | et From The We | estLine | |
| Section 1 Township | , 20S | Range 24E | , NMPM, | | Eddy | County | |
| III. DESIGNATION OF TRAN | SPORTER OF O | IL AND NATU | RAL GAS | | | | |
| Name of Authorized Transporter of Oil | Transporter of Oil X or Condensate Inne Co. line Intercorporate Trucking Transporter of Casinghead Gas X or Dry Gas | | | Address (Give address to which approved copy of this form is to be sent) 502 N. West Avenue, Levelland, TX 79336 Address (Give address to which approved copy of this form is to be sent) 105 South 4th St., Artesia, NM 88210 | | | |
| Yates Petroleum Corpor If well produces oil or liquids, give location of tanks. | Unit Sec. 1 | Twp. Rge. 20S 24E | Is gas actually connected? | When | ? -2-92 | | |
| If this production is commingled with that f | rom any other lease or | pool, give commingl | ing order number: | | | | |
| IV. COMPLETION DATA | | | | Deeper | Plug Back Sam | e Res'v Diff Res'v | |
| Designate Type of Completion | | İ | New Well Workover X Total Depth | Deepen | P.B.T.D. | | |
| Date Spudded 5-29-92 | Date Compl. Ready to Prod. 7-15-92 | | 8250 ' | | 8084' | | |
| Elevations (DF, RKB, RT, GR, etc.) 3610' GR | Name of Producing F Canyon | formation | Top Oil/Gas Pay 7726 ' | | Tubing Depth 7591' | | |
| Perforations | | | | | Depth Casing Sho | ж — — — — — — — — — — — — — — — — — — — | |
| 7726–7802 | | G. COLO AND | CENTENTING DECOR | ח | 8230 | | |
| | TUBING, CASING AND CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | |
| HOLE SIZE | 20" | | 401 | | Redi-Mix Par IP | | |
| 14-3/4" | 9-5/8 | 3" | 1074 | | 1000 sx 9-7-92 | | |
| 8-3/4" | 7" | | | 8250' | | 1650 sx | |
| | 2-7/8 | | 7591 ' | 7591' | | BR | |
| V. TEST DATA AND REQUES | T FOR ALLOW | ABLE | the second to an exceed ton all | owable for this | s denth or be for fu | Il 24 hours.) | |
| Date First New Oil Run To Tank | Date of Test 7-15-92 | e of load ou and musi | be equal to or exceed top allo Producing Method (Flow, pu Pumping | ump, gas lift, e | tc.) | | |
| 7-2-92 | | | Casing Pressure | | Choke Size | | |
| Length of Test 24 hrs | Tubing Pressure 155 | | 80 | | 3/4" | | |
| Actual Prod. During Test | Oil - Bbls. | | Water - Bbls. | | Gas- MCF | | |
| 224 | 178 | | 46 294 | | | | |
| GAS WELL | | | Bbls. Condensate/MMCF | | Gravity of Conde | nsate | |
| Actual Prod. Test - MCF/D | Length of Test | | | | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shu | ıt-in) | Casing Pressure (Shut-in) | | Choke Size | | |
| VI. OPERATOR CERTIFIC I hereby certify that the rules and regulations of the rules and regulations of the rules and regulations. | ations of the Oil Conse | rvation | OIL CON | NSERV | ATION DIV | | |
| Division have been complied with and is true and complete to the best of my l | mat the information gr mowledge and belief. | ven adove | Date Approve | ed | JUL 2 4 1 | 992 | |
| (Al mosta) | and IIII | | D. | ORICINIA | L SIGNED DV | , | |
| Signature JUANITA GOODLETT - PRODUCTION SUPVR. | | | By ORIGINAL SIGNED BY MIKE WILLIAMS Title SUPERVISOR, DISTRICT II | | | | |
| Printed Name 7-17-92 | | Title -1471 lephone No. | Title | OUTERVI | aur, viatrik | <u> </u> | |
| Date | | | 11 | | | | |

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.