

OIL CONSERVATION DIVISION

JUL 20 1992

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

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

O. C. D.
DISTRICT OFFICE

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION		Well API No. 30-015-26948
Address 105 SOUTH 4th STREET, ARTESIA, NM 88210		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) WELL PRODUCING THRU LACT LOCATED @ Recompletion <input type="checkbox"/> Change in Transporter of: ROSS EG FED. #3, Unit B, Sec. 20-19S-25E Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ross EG Federal Com	Well No. 8	Pool Name, Including Formation North Dagger Draw U/Penn	Kind of Lease State, Federal or Fee	Lease No. NM 0557142
Location Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line Section 20 Township 19S Range 25E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Amoco Pipeline Co Amoco Pipeline Intercompany Trucking	Address (Give address to which approved copy of this form is to be sent) 502 N. West Avenue, Levelland, TX 79336					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Yates Petroleum Corporation	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 B	Sec. 20	Twp. 19	Rge. 25	Is gas actually connected? Yes	When? 7-8-92

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6-5-92	Date Compl. Ready to Prod. 7-15-92		Total Depth 8270'		P.B.T.D. 8178'			
Elevations (DF, RKB, RT, GR, etc.) 3562' GR	Name of Producing Formation Canyon		Top Oil/Gas Pay 7766'		Tubing Depth 7893'			
Perforations 7766-7864'					Depth Casing Shoe 8270'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 26"	CASING & TUBING SIZE 20"		DEPTH SET 40'		SACKS CEMENT RediMix			
14-3/4"	9-5/8"		1124'		1000 sx			
8-3/4"	7"		8270'		1525 sx			
	2-7/8"		7893'					

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 7-8-92	Date of Test 7-15-92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 100	Casing Pressure 110	Choke Size 3/4"
Actual Prod. During Test 651	Oil - Bbls. 221	Water - Bbls. 430	Gas - MCF 292

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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
JUANITA GOODLETT - PRODUCTION SUPVR.
Printed Name
7-17-92
Date
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 28 1992

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.