Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

O. C. D.

JUN - 1 1992

DISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410	REQU	EST FO	R AL	LO	WAB	LE AND A	UTHORIZ	ATION S				
•	TO TRANSPORT OIL AND NATURAL GAS									PI No. 1-015-26990		
	YATES PETROLEUM CORPORATION V											
Address 105 SOUTH 4th S	TREET,	ARTES	IA,	NM	882	10	(Please explai	m).				
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator Change of operator give name	Oil Casinghea		Transpo Dry Ga Conden	8	of:	REQUE MAY 1	EST TEST	1500 B	BL TEST -7682' C		LE FOR	
nd address of previous operator		. cr										
I. DESCRIPTION OF WELL A Lease Name Dahlia ALA Com								of Lease Folkfall/or Fee		ease No.		
Location Unit LetterL	: 1980	0	Feet Fr	rom 7	The S	outh Line	and 660	Fe	et From The	Wes	t Line	
Section 25 Township	20:	S	Range		24E	, NM	ſPM,	 	Eddy		County	
	יידית∩מי	ያ በፑ ብ	II. AN	D N	iatii	RAL GAS						
II. DESIGNATION OF TRANSPORTER OF OIL AND NATUI Name of Authorized Transporter of Oil XX or Condensate Amoco Pipeline Co. Amoco Pipeline Intercorporate Trucking Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Yates Petroleum Corporation					502 N.	West Av	ich approved	copy of this form is to be sent) evelland, TX 79336 copy of this form is to be sent) esia, NM 88210				
If well produces oil or liquids,	Unit	Sec. 24	Twp.		Rge.	Is gas actually Yes	connected?	When	:? 5-29-9 <u>2</u>			
give location of tanks. If this production is commingled with that if	mm any oth		1			ing order numb	er:					
IV. COMPLETION DATA	10111 4227 00							Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well] 	Gas '	Well	New Well	Workover	Deepen	I lug baok		<u> </u>	
Date Spudded	Date Com	pl. Ready to	o Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					Top Oil/Gas I	Top Oil/Gas Pay			Tubing Depth		
Perforations			<u></u>			J			Depth Casi	ng Shoe		
		TURING	CAS	ING	AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT		
						 						
	 											
V. TEST DATA AND REQUES OIL WELL (Test must be after t	T FOR	ALLOW	ABLE	E Loit a	and mus	t be equal to or	exceed top all	owable for th	is depth or be	for full 24 hou	urs.)	
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of T	est.	0) 1044			Producing Me	ethod (Flow, p	ump, gas lift,	etc.)			
Length of Test	Tubing Pressure					Casing Press	ure		Choke Size			
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.			Gas- MCF	Gas- MCF		
Actual Floor During 1996												
GAS WELL	11	f Test				Bbls. Conder	sate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test								Choke Sie	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Cloke 312	Clore size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Date Approved MAY 2 9 1992						
Granita Dooller						By_						
JUANITA GOODLETT - PRODUCTION SUPVR.						Title	Title SUPERVISOR, DISTRICT IT					
Printed Name 5-29-92	(50	5) 748- Te		<u>l</u>								
Date		•										

- 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.