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

See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JUL 2 0 1992

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQU	IEST FO	R AL	LOW	/AB	LE AND A	UTHORI	ZATION [.] *	U. U. D.	ICe		
TO TRANSPORT OIL AN YATES PETROLEUM CORPORATION							Well API No. 30-015-27014					
Address		30-		·								
105 SOUTH 4th S	TREET,	ARTES	IA, N	MM	882		(Please expl	ain)				
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil Casinghea	_	Transpor Dry Gas Conden	s [WELL P	RODUCING	THRU L		-SARA	AHA COM	
f change of operator give name and address of previous operator									·			
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including								f Lease No. Federal of Fee / NM 043625				
Location Unit Letter B	: 660		Feet Fr	om The	No.	orth_Line	and _1980) Fe	et From The _	East	Line	
Section 11 Township	20S Range 24E				, NMPM, Ec			ddy	ldy County			
	CDODTE	ው	T. AN	D NA	TI	RAL GAS						
Name of Authorized Transporter of Oil Amo Co Pipeline Co. To Condensate						Addless (Offe date as to which approved dop) of the						
Amoco Pineline Intercorporate Trucking						502 N. West Avenue, Levelland, TX 79336 Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas						1			a, NM 8			
Yates Petroleum Corpor If well produces oil or liquids,	ation Unit	Sec.	Twp.]	Rge.	Is gas actually		When	?		_	
give location of tanks.	i I	11	20	24		Yes			7-3-92			
If this production is commingled with that f IV. COMPLETION DATA	rom any oth					New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	- (X)	Oil Well	1	Gas We	:11	X	WOIROVCI	Deepen				
Date Spudded	Date Com	pl. Ready to	Prod.			Total Depth			P.B.T.D. 8102			
6-7-92	7-3-92				8200 ' Top Oil/Gas Pay			Tubing Depth				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Canyon				7734'				7937'			
3620 GR Canyon						l			Depth Casing Shoe 8200 *			
7734-7837						con con your	IO DECOT	<u> </u>	1 8	3200		
	TUBING, CASING AND				DEPTH SET				SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE					40'			RediMix Post ID-2			
26"		9-5/8"				1112'			1400 sx 8-2-9			
14-3/4" 8-3/4"	7"				8200'			1	720 sx	comp + B		
	2-7/8"					7937						
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR	ALLOWA	ABLE	امسم الم		he equal to or	exceed top all	lowable for th	is depth or be	for full 24 he	ours.)	
OIL WELL (Test must be after re	Date of Te	otal volume	oj ioaa	ou ana	musi	Producing Me	thod (Flow, p	ump, gas lift,	etc.)			
7-3-92	7-3-92				Pumpin	ıg						
Length of Test	Tubing Pressure				Casing Pressu			Choke Size	3/4"			
24 hrs	170			180 Water - Bbls.			Gas- MCF					
Actual Prod. During Test	Oil - Bbls.	•				331			709			
649	310											
GAS WELL Actual Prod. Test - MCF/D	Length of	Test				Bbls. Conden	sate/MMCF		Gravity of C	Condensate		
·									Choke Size	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Clione Size				
VI. OPERATOR CERTIFIC I hereby certify that the rules and regula	ations of the	e Oil Conser	vation				OIL COI	NSERV	ATION	DIVISI	ON	
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 JUL 2 8 1992							
Suprita Dasdur						By ORIGINAL SIGNED BY						
Signature JUANITA GOODLETT - PRODUCTION SUPVR.						SUPERVISOR, DISTRICT IT						
Printed Name	(505	<u> </u>		No.		Title	Spiriture program	The same of the same of	and particles of the particle	Exist and	<u> </u>	
Date		1.616	-p			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.