

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

DEC 22 1993

I.

Operator YATES PETROLEUM CORPORATION ✓	Well API No. 30-015-27184
Address 105 South 4th St., Artesia, NM 88210	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> <input checked="" type="checkbox"/> Other (Please explain) BATTERY LOCATED AT SAGUARO AGS FEDERAL COM #1 UNIT L, SEC. 11-T20S-R24E	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ocotillo ACI Federal Com	Well No. 2	Pool Name, Including Formation South Dagger Draw U/Penn	Kind of Lease State, Federal or Fee/ State, Federal or Fee/	Lease No. NM 42787
Location Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line Section 10 Township 20S Range 24E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Amoco Pipeline Co. <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 502 North West Avenue, Levelland, TX 79336					
Name of Authorized Transporter of Casinghead Gas Yates Petroleum Corporation <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 105 South 4th St., Artesia, NM 88210					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 11	Twp. 20S	Rge. 24E	Is gas actually connected? Yes	When? 12-6-93

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 10-30-93	Date Compl. Ready to Prod. 12-6-93		Total Depth 8045'		P.B.T.D. 8000'			
Elevations (DF, RKB, RT, GR, etc.) 3648' GR	Name of Producing Formation Canyon		Top Oil/Gas Pay 7714'		Tubing Depth 7670'			
Perforations 7714-7744'					Depth Casing Shoe 8045'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		40'		Redi-Mix			
14-3/4"	9-5/8"		1120'		1800 sx - circulated			
8-3/4"	7"		8045'		1600 sx			
	2-7/8"		7670'					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.) Post TD-2 1-21-94 gas well in oil pool	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 1244	Length of Test 24 hrs	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 240	Casing Pressure (Shut-in) 300	Choke Size 3/4"

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 - Production Supervisor
Printed Name
12-21-93
Date
505/748-1471
Title
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
DEC 22 1993

By
SUPERVISOR DISTRICT I

Title

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.