

OIL CONSERVATION DIVISION

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

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

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. 30-015-27355
Address 105 South 4th St., Artesia, NM 88210		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
WELL PRODUCING THROUGH LACT UNIT LOCATED AT BOYD X STATE #2 BATTERY, UNIT L (NWSW) SEC. 29-T19S-R25E		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Boyd X State <i>com</i>	Well No. 4	Pool Name, including Formation North Dagger Draw U/Penn	Kind of Lease State/Federal or Fed	Lease No. E-10167
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>29</u> Township <u>19S</u> Range <u>25E</u> , NMPM, <u>Eddy</u> 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"/> Amoco Pipeline Intercompany Trucking	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. 29	Twp. 19S	Rge. 25E	Is gas actually connected? Yes	When? 11-6-93

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-10-93	Date Compl. Ready to Prod. 11-9-93		Total Depth 8300'		P.B.T.D. 8250'			
Elevations (DF, RKB, RT, GR, etc.) 3521' GR	Name of Producing Formation Canyon		Top Oil/Gas Pay 7680'		Tubing Depth 7410'			
Perforations 7680-7790'					Depth Casing Shoe 8300'			
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"		1165'		1200 sx - circulated			
8-3/4"	7"		8300'		1575 sx			
	2-7/8"		7410'					

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 11-6-93	Date of Test 11-9-93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 200	Casing Pressure 300	Choke Size 32/64"
Actual Prod. During Test 1751	Oil - Bbls. 891	Water - Bbls. 860	Gas - MCF 1495'

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.

Juanita Goodlett
Signature
Juanita Goodlett - Production Supervisor
Printed Name
11-12-93
Date
505/748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 29 1993

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.