

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

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OP

I. Operator YATES PETROLEUM CORPORATION		Well API No. 30-015-27432
Address 105 South 4th St., Artesia, NM 88210		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		Other (Please explain) PRODUCING THRU LACT LOCATED AT CONOCO AGK Federal #2, UNIT G, SECTION 26-T20S-R24E EDDY COUNTY, NEW MEXICO
Change in Transporter of: 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 Conoco AGK Federal	Well No. 15	Pool Name, Including Formation S. Dagger Draw Upper Penn	Kind of Lease State (Federal) or Fee	Lease No. NM-045275
Location Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line Section 26 Township 20S Range 24E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Amoco Pipeline Intercompany Trucking	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 502 N. West Ave. - Levelland, TX 79336				
Name of Authorized Transporter of Casinghead Gas Yates Petroleum Corporation	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 105 South Fourth Street - Artesia, NM 88210				
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 26	Twp. 20S	Rge. 24E	Is gas actually connected? yes	When? 6-12-93

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded RH 5-3-93 RT 5-4-93	Date Compl. Ready to Prod. 6-12-93		Total Depth 9525'		P.B.T.D. 9150'			
Elevations (DF, RKB, RT, GR, etc.) 3642' GR	Name of Producing Formation Canyon		Top Oil/Gas Pay 7661'		Tubing Depth 7600'			
Perforations 7661-7751'				Depth Casing Shoe 9525'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
26"	20"	40'		Cement to surface				
14-3/4"	9-5/8"	1118'		1750 sacks - circ.				
8-3/4"	7"	9525'		1875 sacks - circ.				
	2-7/8"	7600'						

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 6-12-93	Date of Test 6-15-93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 150	Casing Pressure 150	Choke Size 2"
Actual Prod. During Test 531	Oil - Bbls. 245	Water - Bbls. 286	Gas - MCF 531

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.

Rusty Klein
Signature
Rusty Klein
Printed Name
June 18, 1993
Date
Production Clerk
Title
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUN 28 1993**

By ORIGINAL SIGNED BY
MAE WILLIAMS
Title SUPERVISOR, DISTRICT I

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.