

OIL CONSERVATION DIVISION

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

FEB 8 1994

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION 25575		Well API No. 30-015-27757
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 <input checked="" type="checkbox"/> Other (Please explain) Well producing thru LACT located at Foster AN #2, located Unit B, Sec. 1-T20S-R24E		
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 Mobil AOB 13106	Well No. 1	Pool Name, Including Formation North Dagger Draw Upper Penn 15472	Kind of Lease State/Federal/Fee	Lease No.
Location Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line Section 1 Township 20S Range 24E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Amoco Pipeline - Oil Tender Dept. Amoco Pipeline Intercompany Trucking	Address (Give address to which approved copy of this form is to be sent) 502 North West Ave., Levelland, TX 79336					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Yates Petroleum Corporation	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 B	Sec. 1	Twp. 20	Rge. 24	Is gas actually connected? YES	When? 2-22-94

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 1-23-94	Date Compl. Ready to Prod. 2-24-94		Total Depth 8264'		P.B.T.D. 8223'			
Elevations (DF, RKB, RT, GR, etc.) 3603' GR	Name of Producing Formation Canyon		Top Oil/Gas Pay 7718'		Tubing Depth 7802'			
Perforations 7718-7780'					Depth Casing Shoe 8264'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		40'		Redi-Mix to surface			
14-3/4"	9-5/8"		1075'		400 sx - circulated			
8-3/4"	7"		8264'		1400 sx - circulated*			
	2-7/8"		7802'		*DV tool @6010'			

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 2-22-94	Date of Test 2-24-94	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 165	Casing Pressure 160	Choke Size 2"
Actual Prod. During Test 531	Oil - Bbls. 221	Water - Bbls. 310	Gas - MCF 263

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test	Casing Pressure (Shut-in)		Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			

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
2-25-94
Date
505/748-1471
Telephone No.

OIL CONSERVATION DIVISION

FEB 28 1994

Date Approved

By

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.