

OIL CONSERVATION DIVISION

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

FEB 16 1994

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

I.

Operator YATES PETROLEUM CORPORATION	Well API No. 30-015-10404
Address 105 South 4th St., Artesia, NM 88210	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/> RE-ENTRY	Change in Transporter of:
Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <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 Brannigan ANF Federal	Well No. 1	Pool Name, Including Formation Indian Basin U/Penn	Kind of Lease State, Federal or Rep	Lease No. NM 81218
Location				
Unit Letter D : 660 Feet From The North Line and 400 Feet From The West Line				
Section 6 Township 22S Range 24E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Yates Petroleum Corporation	105 South 4th St., Artesia, NM 88210					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 6	Twp. 22S	Rge. 24E	Is gas actually connected? YES	When? 10-18-93
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 RE-ENTRY 9-3-93	Date Compl. Ready to Prod. 10-18-93		Total Depth 7981'; COTD 7931'			P.B.T.D. 7925'		
Elevations (DF, RKB, RT, GR, etc.) 3932' GR	Name of Producing Formation Canyon		Top Oil/Gas Pay 7430'			Tubing Depth 7004'		
Perforations 7430-7486'; 7504-7554'						Depth Casing Shoe 7981'		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
17-1/2"	13-3/8"		626' (in place)			200 sx		
10-3/4"	9-5/8"		2427' (in place)			1797 sx		
8-3/4"	7"		7981' (in place)			725 sx		
	2-7/8"		7004'					

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.)	
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 1740	Length of Test 24 hrs	Bbls. Condensate/MMCF 10	Gravity of Condensate 42° (est)
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 290 psi	Casing Pressure (Shut-in) 210 psi	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  
2-15-94  
Date  
Title  
505/748-1471  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 28 1994

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.