

OIL CONSERVATION DIVISION

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

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REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION ✓		Well API No. 30-015-10566
Address 105 South 4th St., Artesia, NM 88210		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input checked="" 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 Hickory ALV Federal	Well No. 1	Pool Name, Including Formation Undesignated Canyon	Kind of Lease State (Federal) or Fee	Lease No. NM-78215
Location Unit Letter F : 1650 Feet From The North Line and 1650 Feet From The West Line Section 17 Township 22S 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 Intercompany Trucking	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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) P. O. Box 26400 - Albuquerque, NM 87125					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 17	Twp. 22S	Rge. 24E	Is gas actually connected? yes	When? 5-30-93

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 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 checked="" type="checkbox"/>
Date Spudded 2-19-93	Date Compl. Ready to Prod. 5-30-93		Total Depth 10290'		P.B.T.D. 8300'			
Elevations (DF, RKB, RT, GR, etc.) 4201' GR	Name of Producing Formation Canyon		Top Oil/Gas Pay 8139'		Tubing Depth 8156'			
Perforations 8139-8259'					Depth Casing Shoe 10280'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	225'	In place Post ID-2
12-1/4"	8-5/8"	2547'	In place 8-6-93
7-7/8"	5-1/2"	10280'	In place 1st A May
	2-7/8" tubing	8156'	Comp 4/1/93

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 5-30-93	Date of Test 6-14-93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 12 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 1605	Oil - Bbls. 408	Water - Bbls. 1197	Gas - MCF 511

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.

Signature
Rusty Klein
Printed Name
June 25, 1993
Date
Production Clerk
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 22 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.