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OPERATOR	
PRODUCTION OFFICE	
Operator	

RECEIVED BY CONSERVATION DIVISION
JAN 29 1987
O. C. D. REQUEST FOR ALLOWABLE
ARTESIA OFFICE AND
PERMIT TO TRANSPORT OIL AND NATURAL GAS

P. O. BOX 7088

SANTA FE, NEW MEXICO 87501

Yates Petroleum Corporation

Address

105 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well ☐

Change in Transporter of:

Recompletion ☒Oil ☐Dry Gas ☐Change in Ownership ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Federal DC	1	Und. West Burton Flat Atoka	State, Federal or Fee	NM-0455458
Location				
Unit Letter	L	1980 Feet From The	South	Line and 660 Feet From The
Line of Section	29	Township	20S	Range
				28E
				NMPM
				Eddy
				County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining Co.	PO Box 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	PO Box 1384, Jal, NM 88252					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	29	20s	28e	Yes	1-27-87

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Back	Full Back
		X				X		X
Date Spudded RECOMPLETION	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
12-3-86	12-8-86	11540'	10320'					
Elevations (DF, R&H, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3239' GR	Strawn	10168'	10103'					
Perforations			Depth Casing Shoe					
10168-10176'			11495'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	585'	550 in place
12-1/4"	8-5/8"	2845'	1840 in place
7-7/8"	5-1/2"	11495'	650 in place
	2-3/8"	10103'	

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 trip oil able for this depth or be for full 24 hours)

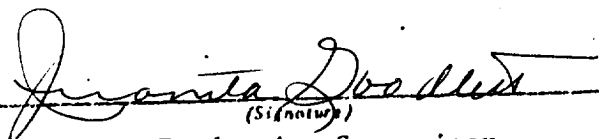
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
623	4 hrs	-	-
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size
Back Pressure	1100 psi	Pkr	3/8"

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)

Production Supervisor

1-28-87

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 10 1987

BY

TITLE

This form is to be filed in compliance with RULE 111.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other change of conditions.

Separate Form C-104 must be filed for each pool in multiple completions.

