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Appropriate District Office
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P.O. Box 1980, Hobbs, NM

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

Santa Fe		
File		
Transporter	Oil	
Operator	Gas	

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

MAY 22 '89

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA OFFICE

Operator YATES PETROLEUM CORPORATION		Well API No. 30-015-21628
Address 105 SOUTH 4th STREET, ARTESIA, NM 88210		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: 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 Williamson BC Federal	Well No. 3	Pool Name, Including Formation Unit 2 Burton Flat Wolfcamp	Kind of Lease State, Federal or Prop	Lease No. NM 01165
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>17</u> Township <u>20S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Refg. Co.	Address (Give address to which approved copy of this form is to be sent) PO Box 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) PO Box 1384, Jal, NM 88252					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 17	Twp. 20s	Rge. 29e	Is gas actually connected? Yes	When ? Reconnected 5-19-89

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		X
Date Spudded RECOMPLETION 5-4-89	Date Compl. Ready to Prod. 5-8-89		Total Depth 11970'			P.B.T.D. 11415'		
Elevations (DF, RKB, RT, GR, etc.) 3317' KB	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 9705'			Tubing Depth 9675'		
Perforations 9705-9722'				Depth Casing Shoe 11975'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
17 1/2"	13-3/8"		600'			600 sx (in place)		
12 1/2"	8-5/8"		3175'			1525 sx (in place)		
7-7/8"	5 1/2"		11975'			795 sx (in place)		
	2-3/8"		9675'					

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.)

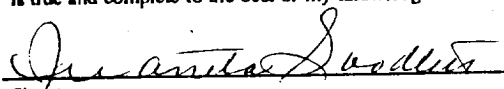
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
		Past ID-2	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size 6-9-89 PFA mpr.
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF comp. Wflops

GAS WELL

Actual Prod. Test - MCF/D 1648	Length of Test 7 hrs	Bbls. Condensate/MMCF 115	Gravity of Condensate 47.8°
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 250	Casing Pressure (Shut-in) PKR	Choke Size 1/2"

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 SUPVR.
Printed Name
5-19-89
Date
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 5 1989

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.