

DISTRIBUTION		5
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

Form O-1104
Superseding OIL C-101 and C-1
Effective 1-1-65

MAR 17 1977

Operator Yates Petroleum Corporation **O.C.C.**

Address 207 South 4th Street - Artesia, NM 88210

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Box Canyon Unit</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>Und. Morrow</u>	Kind of Lease <u>Lease No. 886</u>	Lease No. <u>886</u>
Location Unit Letter <u>F</u> : <u>2080</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>13</u> Township <u>21S</u> Range <u>21E</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"/>	Address (Give address to which approved copy of this form is to be sent) <u>No. Freeman Ave-Artesia, NM 88210</u>	
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) <u>P. O. Box 1384-Jal, NM 88252</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>F</u> Sec. <u>13</u> Twp. <u>21S</u> Rge. <u>21E</u>	Is gas actually connected? <u>Yes</u> When <u>5-23-77</u>

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 Hole	Ent. Res't
		X	X					
Date Spudded <u>1-13-77</u>	Date Compl. Ready to Prod. <u>2-18-77</u>	Total Depth <u>8595'</u>	P.B.T.D. <u>8412'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>4561' GR</u>	Name of Producing Formation <u>Morrow</u>	Top Oil/Gas Pay <u>8110'</u>	Tubing Depth <u>8053'</u>					
Perforations <u>8110-8238'</u>			Depth Casing Shoe <u>8456'</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12 1/4"</u>	<u>8-5/8"</u>	<u>1547'</u>	<u>1350</u>					
<u>7-7/8"</u>	<u>5 1/2"</u>	<u>8456'</u>	<u>210</u>					
	<u>2-7/8"</u>	<u>8053'</u>						

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 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 <u>9970</u>	Length of Test <u>1 hour</u>	Bbls. Condensate/MMCF <u>7.04</u>	Gravity of Condensate <u>51.7</u>
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>2352</u>	Casing Pressure (Shut-in) <u>Sealed</u>	Choke Size <u>3/4"</u>

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Christine Tomlinson
(Signature)

Christine Tomlinson-Geol. Secty.

3-16-77

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 23 1977, 19____
BY W. A. Gussitt
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

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 such change of condition.