BIATE OF NEW MEXICO WINGY AND MINERALS DEPARTMENT			1	
CITATE OF THE WILL AND THE ADD MINH HALS DEPARTMENT OIL CONSERVATION DIVISI P. O. BOX 2000 P. O. BOX 2000 P. O. BOX 2000 CANTA FE, NEW MEXICO 8750 CONNECT FOR ALLOWABLE AND OFFICE CONSERVATION TO TRANSPORT OIL AND NA CONNECT FOR ALLOWABLE AND CONSERVATION TO TRANSPORT OIL AND NA			Ild natic of	
V 8.0.8.		<i>C</i>	onnect from	
LAND OFFICE OIL	REQUEST FOR ALLOWABLE			
07884709 PROBATION 0771CE	AUTHORIZATION TO TRANSI	PORT OIL AND NA / 2	nn Jonla_	
Yates Pe	etroleum Corporation		Ū.	
Address 105 Sout	th 4th St., Artesia, NM 8	8210		
Reason(s) for filing (Check proper box)	Other (P)		
New Well Recompletion	Change in Transporter of: Cit Dry Ga			
Change in Ownership	Casinghead Gas Conder			
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	Dimation Kind of Le	NM-01165 Lease No.	
Williamson BC Federal	1 1		erol or Fee Federal	
Location K . 19	980 Feel From The South Lin	e and 1980 Feet Fre	west	
_	waship 20S Bange	29Е , ммрм,	Eddy County	
·	TER OF OIL AND NATURAL GA	S		
Nome of Authorized Transporter of Cil	or Condensate	Address (Give address to which ap	proved copy of this form is to be senif NM 88210	
Navajo Refining Co. Name of Authorized Transporter of Casinghead Gos or Dry Gos [X]		PO Box 159, Artesia, NM 88210 Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Con	mpany	PO Box 1384, Jal, NM		
If well produces oil or liquids, give location of tonks.	K 7 20s 29e	Yes	7-3-87	
If this production is commingled wi . COMPLETION DATA	th that from any other lease or pool,		Plug Back Same Resty, Diff. Resty	
Designate Type of Completi-	on – (X) Oil Well Gas Well X	New Well Workover Deepen		
Date Spudded RECOMPLETION	Date Compl. Ready to Prod. 5-13-87	Total Derth 11640	P.B.T.D. 10156'	
5-5-87 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
3270 ¹ GR Perforations	Canyon	10029'	9989' Depth Casing Shoe	
	34' and 10045-100051'		11623'	
HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT	
17-1/2"	13-3/8"	590' 2925'	480	
<u> </u>	8-5/8" 4-1/2"	11623'	615	
	2-3/8"	9989'		
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	pth or be for full 24 hours)	oil and must be equal to or exceed top allow	
Date First New Oll Run To Tanks	Date of Test	Producing Method (Flow, purp. sa	s lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oti-Bbie.	Water-Bbls,	Gas-MCF	
		<u>]</u> .		
GAS WELL			Gravity of Condensate	
Actual Frod. Test-MCF/D 110	Length of Test 4 hrs	Bbls. Condensate/MMCF		
Teeting Method (pitor, back pr.) Back Pressure	Tubing Presswe (Shut-in) 120#	Casing Pressure (Shut-12) PKR	Choke Size 3/16"	
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and thet the information given above is true and complete to the best of my knowledge and belief.		BY		
· • •		TITLE		
De inte Dodleit		anis form so to be filed in compliance with nut. T 1978.		
- figurale (Signetwe)		If this is a request for allowable for a nowly drilled or despendi- well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-		
Production Supervisor				
() (r(r)) 9-30-87		while on new and recompleted walls. Fill out only Sections I, 11, 111, and VI for changes of owner, well name or number, or transporter, or other such change of condition.		
(Date)		well name or pumber, or transporter, or other such change or constraint Separate Forms C-104 must be filed for each pool in multiply		

. ---.