

Operator
YATES PETROLEUM CORPORATION

Well API No.

Address
105 South 4th St., Artesia, NM 88210

Reason(s) for Filing (Check proper box)

☐ New Well

☐ Recompletion

☐ Change in Operator

Change in Transporter of:

Oil

Casinghead Gas

☐ Dry Gas

☐ Condensate

☐ Other (Please explain)

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name
North Carlsbad OK Com

Well No.
1

Pool Name, Including Formation
Undesignated

Kind of Lease
State, Federal or Fee

Lease No.
Fee

Location
Unit Letter B : 660 Feet From The North Line and 1650 Feet From The East Line
Section 26 Township 21S Range 26E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil
Navajo Refining Company

☐ or Condensate ☒

Address (Give address to which approved copy of this form is to be sent)
P. O. Drawer 159 - Artesia, NM 88210

Name of Authorized Transporter of Casinghead Gas
Natural Gas Pipeline Company of America

☐ or Dry Gas ☒

Address (Give address to which approved copy of this form is to be sent)
P. O. Box 283 - Houston, TX 77001

If well produces oil or liquids, give location of tanks.

Unit
I

Sec.
14

Twp.
21S

Rge.
26E

Is gas actually connected?
yes

When?
9-2-93

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

☐ Gas Well

☐ New Well

☐ Workover

☐ Deepen

☐ Plug Back

☐ Same Res'v

☐ Diff Res'v

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, RKB, RT, GR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Perforations

Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT
Part 10-3
12-12-93
chg GT: YPC

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.)

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/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

Production Clerk

Printed Name
November 12, 1993

Title
(505) 748-1471

Date

Telephone No.

OIL CONSERVATION DIVISION

NOV 30 1993

Date Approved

By ORIGINAL SIGNED BY
MIKE WILLIAMS

Title SUPERVISOR, DISTRICT II