

OIL CONSERVATION DIVISION

Drawer DD Artesia, NM.

DISTRICT OFFICE #2

Sept. thru Dec. 1983
NO. 2157 N

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE November 29, 1983

PURPOSE ALLOWABLE ASSIGNMENT - NEW WELL

Effective November 1, 1983 an allowable of 80 barrels of oil per day
is hereby assigned to Yates Petroleum Corporation, Stonewall WM State
#4-M-30-20-28 in the Avalon Delaware Pool.

L - S

MP - P

Nov. Total - 2400 bbls.
Dec. Total - 2480 bbls.

Form. - Delaware
Perfs. - 2524' - 3671'
TD - 4860'
Comp. - 11-22-83

LAC:fc

Yates Pet. Corp.

NCO

OIL CONSERVATION DIVISION


DISTRICT SUPERVISOR

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED BY

NOV 23 1983

O. C. D.
ARTESIA, OFFICE

DATE OF ENTRY RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	
COPY TO	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Yates Petroleum Corporation ✓

Address 207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

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.
Stonewall WM State	4	Und. Avalon Delaware	State, Federal or Fee State	K-6854

Location

Unit Letter M : 330 Feet From The South Line and 990 Feet From The West

Line of Section 30 Township 20S Range 28E NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Co.	Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Co.	Station X, Bartlesville, OK 74004
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
0 30 20s 28e	Yes 10-21-83

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	Same Res't.	Diff. Res't.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
8-29-83	11-22-83	4860'	4811'					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3285' GR	Delaware	3620'	3603					
Perforations			Depth Casing Shoe					
2524-3671'			4866'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	20"	40'	
17-1/2"	13-3/8"	535'	500
12-1/4"	8-5/8"	2462'	1300
7-7/8"	5-1/2"	4866'	750

TEST DATA AND REQUEST FOR ALLOWABLE ³⁶⁰³ 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.)	
10-12-83	11-22-83	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	60#	--	1/4"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
150	105	45 BLW	110

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Production Supervisor

11-22-83

(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 28 1983, 19

Original Signed By
BY Leslie A. Clements

TITLE Supervisor District II

This form is to be filed in compliance with RULE 1100.

If this is a request for allowable for a newly drilled or deepened 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 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.