

OIL CONSERVATION DIVISION

DRAWER DD ARTESIA NM

DISTRICT OFFICE II

July thru December 1991

NO. 2128 N/2

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE December 9, 1991

PURPOSE ALLOWABLE ASSIGNMENT - NEW OIL

Effective December 1, 1991 an allowable for a non-marginal (N142) well
is hereby assigned to Yates Pet. Corp., Lost Tank AIS State #2-O-36-21-31
in the Lost Tank Delaware Pool.

L - S

MP - P

MW/mm

Yates Pet. Corp.

PFC
YPC

OIL CONSERVATION DIVISION

Mike Williams

DISTRICT SUPERVISOR

Submit 3 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

DEC - 4 1991

O. C. D.

ARTESIA OFFICE

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION	Well API No. 30-015-26585
Address 105 South 4th St., Artesia, NM 88210	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 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 Lost Tank AIS State	Well No. 2	Pool Name, including Formation Lost Tank Delaware	Kind of Lease State, Federal or Prop	Lease No. V-1673
Location				
Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line				
Section <u>36</u> Township <u>21S</u> Range <u>31E</u> , <u>NMPM</u> , <u>Eddy</u> County				

III. 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) PO Box 2436, Abilene, TX 79604	
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) 105 South 4th, Artesia, NM 88210	
Yates Petroleum Corporation		
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 36
	Twp. 21	Rge. 31
	Is gas actually connected? Yes	When? 11-22-91

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-21-91	Date Compl. Ready to Prod. 11-30-91	Total Depth 8500'	P.B.T.D. 8430'					
Elevations (DF, RKB, RT, GR, etc.) 3579' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 6613'	Tubing Depth 6999'					
Perforations 6613-8346'	Depth Casing Shoe 8490'							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	40'	Redi-Mix <u>Per ID-2</u>
17 1/2"	13-3/8"	870'	850 sx <u>12-13-91</u>
11"	8-5/8"	4230'	1700 sx <u>comp 4 BK</u>
7-7/8"	5 1/2"	8490'	1475 sx

V. TEST DATA AND REQUEST FOR ALLOWABLE 12-7/8" @ 6999'

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 11-22-91	Date of Test 11-30-91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 50	Casing Pressure 50	Choke Size 2"
Actual Prod. During Test 440	Oil - Bbls. 238	Water - Bbls. 202	Gas- MCF 107

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.

Juanita Goodlett
Signature
Juanita Goodlett - Production Supvr.
Printed Name
12-2-91
Date
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 9 1991

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.