

OIL CONSERVATION DIVISION

DRAWER DD ARTESIA NM

DISTRICT OFFICE II

January thru June 1992
NO. 2036 N

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE January 31, 1992

PURPOSE ALLOWABLE ASSIGNMENT - NEW OIL

Effective January 1, 1992 an allowable for a non-marginal (N142) well is hereby assigned to Yates Pet. Corp., Lost Tank AIS State #5-M-36-21-31 in the Lost Tank Delaware Pool.

L - S

MP - P

MW/mm

Yates Pet. Corp.

PPC
YPC

OIL CONSERVATION DIVISION

Mike Williams

DISTRICT SUPERVISOR

OIL CONSERVATION DIVISION

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

RECEIVED

FEB - 4 1992

REQUEST FOR ALLOWABLE AND AUTHORIZATION O. C. D.
TO TRANSPORT OIL AND NATURAL GAS ARTESIA OFFICE

I. Operator YATES PETROLEUM CORPORATION		Well API No. 30-015-26716
Address 105 South 4th St., Artesia, NM 88210		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	Effective Date: 2-1-92
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <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. 5	Pool Name, Including Formation Lost Tank Delaware	Kind of Lease State, Federal or Rep	Lease No. V-1673
Location Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line Section 36 Township 21S Range 31E, NMPM Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Enron Oil Trading & Transport LP Effective 4-1-94	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, TX 77151-1188		
Name of Authorized Transporter of Casinghead Gas Yates Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 105 So. 4th, Artesia, NM 88210		
If well produces oil or liquids, give location of tanks.	Unit N Sec. 36 Twp. 21 Rge. 31	Is gas actually connected? Yes	When? 1-25-92

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

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.)

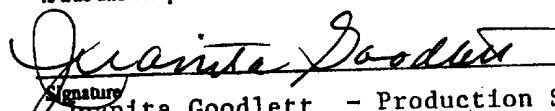
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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
Printed Name Juanita Goodlett - Production Supvr.
Date 1-31-92 Title
(505) 748-1471 Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 19 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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

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

OIL CONSERVATION DIVISION

RECEIVED

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

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

JAN 3 1 1992

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA OFFICE

Operator YATES PETROLEUM CORPORATION	Well API No. 30-015-26716
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. 5	Pool Name, Including Formation Lost Tank Delaware	Kind of Lease State, Federal or Rep	Lease No. V-1673
Location Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line Section 36 Township 21S Range 31E, NMPM, Eddy 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"/> Pride Pipeline Co.	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"/> Yates Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 105 South 4th St., Artesia, NM 88210					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 36	Twp. 21	Rge. 31	Is gas actually connected? Yes	When? 1-25-92

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12-27-91	Date Compl. Ready to Prod. 1-28-92		Total Depth 8440'		P.B.T.D. 8320'			
Elevations (DF, RKB, RT, GR, etc.) 3550' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 7026'		Tubing Depth 7505'			
Perforations 7026-8272'					Depth Casing Shoe 8440'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	40"	Redi-Mix
17 1/2"	13-3/8"	850'	850 sx
11"	8-5/8"	4180'	1600 sx
7-7/8"	5-1/2"	8440'	1450 sx

V. TEST DATA AND REQUEST FOR ALLOWABLE

/2-7/8" @ 7505' /

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 1-25-92	Date of Test 1-28-92	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 554	Oil - Bbls. 148	Water - Bbls. 406	Gas- MCF 116

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
Juanita Goodlett - Production Supvr.
Printed Name
1-30-92
Date
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 3 1 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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

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