

## OIL CONSERVATION DIVISION

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

46526

Operator YATES PETROLEUM CORPORATION	Well API No. 30-015-26817
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 Wolf AJA Federal	Well No. 7	Pool Name, Including Formation Lost Tank Delaware	Kind of Lease State, Federal or Reg.	Lease No. NM 61358
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line Section <u>24</u> Township <u>21S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

EOTT Energy Operating LP

#### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Enron Oil Trading & Transportation Corp.	Address (Give address to which approved copy of this form is to be sent) PO Box 1188, Houston, TX 77151-1188
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 I Sec. 25 Twp. 21s Rge. 31e Is gas actually connected? Yes When? 3-22-92

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 2-19-92	Date Compl. Ready to Prod. 3-24-92	Total Depth 8495'	P.B.T.D. 8444'					
Elevations (DF, RKB, RT, GR, etc.) 3631' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 6551'	Tubing Depth 7600'					
Perforations 6551-8351'	Depth Casing Shoe 8495'							
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'	800 sx					
11"	8-5/8"	4200'	1600 sx					
7-7/8"	5-1/2"	8495'	900 sx					

#### V. TEST DATA AND REQUEST FOR ALLOWABLE /2-7/8" @ 7600' /

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 3-22-92	Date of Test 3-24-92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 40	Casing Pressure 40	Choke Size 2"
Actual Prod. During Test 452	Oil - Bbls. 131	Water - Bbls. 321	Gas- MCF 68

#### 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  
3-30-92 Title  
(505) 748-1471

Date  
Telephone No.

#### OIL CONSERVATION DIVISION

Date Approved APR 10 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.