

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

OIL CONSERVATION DIVISION

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

SEP 23 1992

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
DISTRICT OFFICE

Operator YATES PETROLEUM CORPORATION		Well API No. 30-015-26923
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 Chamois AKE Federal Com	Well No. 1	Pool Name, including Formation Undesignated Wolfcamp	Kind of Lease State, Federal or Fee/ Eddy	Lease No. NM 0473817
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>33</u> Township <u>20S</u> Range <u>29E</u> , NMPM, County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Navajo Refining Co. <input type="checkbox"/>	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 159, Artesia, NM 88210				
Name of Authorized Transporter of Casinghead Gas Yates Petroleum Corporation <input type="checkbox"/>	or Dry Gas <input checked="" type="checkbox"/>	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 G	Sec. 33	Twp. 20S	Rge. 29E	Is gas actually connected? YES	When? 9-11-92

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
		X	X					
Date Spudded 6-28-92	Date Compl. Ready to Prod. 9-14-92		Total Depth 12220'			P.B.T.D. 12147'		
Elevations (DF, RKB, RT, GR, etc.) 3621' GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 9528'			Tubing Depth 9492'		
Perforations 9528-9609'						Depth Casing Shoe 12220'		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
30"	30"		39'			Redi-Mix		
26"	20"		461'			900 sx circulated		
17 1/2"	13-3/8"		1416'			1050 sx circulated		
12 1/2"	8-5/8"		3115'			1080 sx circulated		
7-7/8"	5-1/2"		12220'			1485 sx		

V. TEST DATA AND REQUEST FOR ALLOWABLE /2-7/8" @ 9492' /
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.) Post 10-2 10-16-92 comp + OK	
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 990	Length of Test 24 hrs	Bbls. Condensate/MMCF 325	Gravity of Condensate 48°
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 600 psi	Casing Pressure (Shut-in) PKR	Choke Size 24/64"

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
9-21-92
Date
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 2 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.