

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

RECEIVED

OCT 15 '87

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.
ARTESIA, OFFICE

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
NATURAL GAS	<input checked="" type="checkbox"/>
OPERATION	
PRODUCTION OFFICE	
Operator	

Yates Petroleum Corporation

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

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" 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

I. DESCRIPTION OF WELL AND LEASE

Lease Name Medano VA State	Well No. 1	Pool Name, including Formation Wildcat Bone Springs	Kind of Lease State, Federal or Fee	State	Lease No. V-120
Location Unit Letter <u>K</u> : <u>1947</u> Feet From The <u>South</u> Line and <u>1986</u> Feet From The <u>West</u>					
Line of Section <u>16</u> Township <u>23S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County					

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co.	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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 16
	Twp. 23s	Rge. 31e
	Is gas actually connected? <u>NO</u> When	

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Some Rest'v.	Diff. Rest'
Date Spudded 9-15-87	Date Compl. Ready to Prod. 10-12-87	Total Depth 12175'	P.B.T.D. 11815'					
Elevations (DF, RKB, RT, GR, etc.) 3358' GR	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 9991' 8065	Tubing Depth 9028'					
Perforations 9991-10000'; 8065-8639'			Depth Casing Shoe 12500'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	600'	1000 sx (in place)
17 1/2"	13-3/8"	4400'	3500 sx (in place)
12 1/2"	9-5/8"	12500'	1200 sx (in place)
	2 7/8"	9028	

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 Tanks 10-9-87	Date of Test 10-12-87	Producing Method (Flow, pump, gas lift, etc.) Pumping	Port ID-2 10-20-87 comp. BS
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 32	Oil-Bbls. 2	Water-Bbls. 30	Gas-MCF TSTM

GAS WELL

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

I. 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.

Armando Doad
(Signature)
Production Supervisor
(Title)
10-13-87
(Date)

OIL CONSERVATION DIVISION

OCT 27 1987

APPROVED _____, 19____
BY _____
Original Signed By
Mike Williams
TITLE _____
Oil & Gas Inspector

This form is to be filed in compliance with RULE 111.
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.
Form C-104 must be filed for each pool in multiple.