

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

AUG 05 '88

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Yates Petroleum Corporation ✓

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

Reason(s) for filing (Check proper box)

New Well ☒  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Note: Well was formerly  
Lechuguilla Canyon Unit #9.If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lechuguilla Canyon DK Fed.	1	Crooked Creek Morrow	State, Federal or Fee Federal	NM-664
Location				
Unit Letter	J	1980 Feet From The	South Line and 2130 Feet From The	East
Line of Section	3	Township	24S	Range 24E, NMPM, Eddy County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Refg. Co.	PO Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	PO Box 1384, Jal, NM 88252
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
J 3 24s 24e	YES 8-3-88

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

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rec'd.	Diff. Rec'd.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
1-26-82	4-16-82	10500'	10155'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4028.9' GR	Morrow	10105'	10047'					
Perforations			Depth Casing Shoe					
10105-109'			10500'					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
24"	20"	40'	Redi-Mix
17½"	13-3/8"	350'	400 sx
12½"	9-5/8"	2405'	450 sx
7-7/8"	4-1/2"	10500'	600 sx
	2-3/8"	10047'	

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)

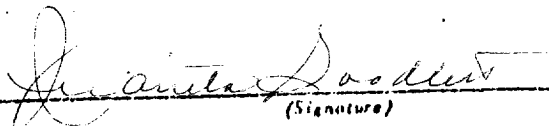
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1116	4 hrs	-	-
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	165	PKR	1/2"

## 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)

Production Supervisor

(Title)

8-3-88

(Date)

## OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

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.

Separate Form C-104 must be filed for each pool in multiply

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

AUG 05 '88

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

ARTESIA, OFFICE

AS OF DATE RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
H.O.D.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
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 checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input 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)

Note: Well was formerly  
Lechuguilla Canyon Unit #9.If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lechuguilla Canyon DK Fed.	1	Crooked Creek Morrow	State, Federal or Fee Federal	NM-664
Location				
Unit Letter	J	1980 Feet From The South Line and 2130 Feet From The East		
Line of Section	3	Township 24S Range 24E, NMPM,	Eddy	County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Refg. Co.	PO Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	PO Box 1384, Jal, NM 88252
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	J 3 24S 24E YES 8-3-88

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

## 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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
1-26-82	4-16-82	10500'	10155'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4028.9' GR	Morrow	10105'	10047'					
Perforations			Depth Casing Shoe					
10105-109'			10500'					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
24"	20"	40'	Redi-Mix
17 1/2"	13-3/8"	350'	400 sx
12 1/2"	9-5/8"	2405'	450 sx
7-7/8"	4-1/2"	10500'	600 sx
	2-3/8"	10047'	

## 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	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/MNCF	Gravity of Condensate
1116	4 hrs	-	-
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	165	PKR	1/2"

## 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.



Production Supervisor

8-3-88

(Date)

## OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

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.

Separate Form C-104 must be filed for each pool in multiply

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

AUG 05 '88

REQUEST FOR ALLOWABLE  
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS O. C. D.

NO. OF COPIES REQUIRED	
DISTRICT OFFICE	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATION	
PROMOTION OFFICE	
Operator	

Yates Petroleum Corporation

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

Reason(s) for filing (Check proper box)

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

Note: Well was formerly  
Lechuguilla Canyon Unit #9.If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lechuguilla Canyon DK Fed.	1	Crooked Creek Morrow	State, Federal or Fee Federal	NM-664
Location				
Unit Letter	J	1980	Feet From The South Line and 2130	Feet From The East
Line of Section	3	Township	24S	Range 24E, NMPM, Eddy County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Navajo Refg. Co.	PO Box 159, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co.	PO Box 1384, Jal, NM 88252	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	J	3
		Twp.
		24s
		Rge.
		24e
		Is gas actually connected?
		YES
		When
		8-3-88

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

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
1-26-82	4-16-82	10500'	10155'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4028.9' GR	Morrow	10105'	10047'					
Perforations			Depth Casing Shoe					
10105-109'			10500'					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
24"	20"	40'	Redi-Mix
17 1/2"	13-3/8"	350'	400 sx
12 1/2"	9-5/8"	2405'	450 sx
7-7/8"	4-1/2"	10500'	600 sx
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## 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)

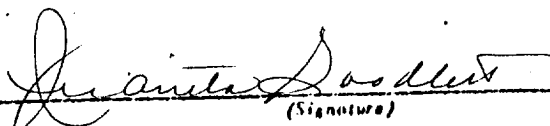
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1116	4 hrs	-	-
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	165	PKR	1/2"

## 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.



Production Supervisor

8-3-88

(Date)

## OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1174.

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.

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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. Separate Form C-104 must be filed for each pool in multiply

## OIL CONSERVATION DIVISION

P. O. BOX 7000

SANTA FE, NEW MEXICO 87501

RECEIVED

AUG 05 '88

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ARTESIA OFFICE

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LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Yates Petroleum Corporation

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

Reason(s) for filing (Check proper box)

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

Note: Well was formerly  
Lechuguilla Canyon Unit #9.If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lechuguilla Canyon DK Fed.	1	Crooked Creek Morrow	State, Federal or Fee Federal	NM-664
Location				
Unit Letter	J	1980	Feet From The South Line and 2130	Feet From The East
Line of Section	3	Township	24S	Range 24E, NMPM, Eddy County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Refg. Co.	PO Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	PO Box 1384, Jal, NM 88252
If well produces oil or liquids, give location of tanks.	Unit J, Sec. 3, Twp. 24S, Rge. 24E
	Is gas actually connected? YES When 8-3-88

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

## 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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
1-26-82	4-16-82	10500'	10155'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4028.9' GR	Morrow	10105'	10047'					
Perforations			Depth Casing Shoe					
10105-109'			10500'					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
24"	20"	40'	Redi-Mix
17 1/2"	13-3/8"	350'	400 sx
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7-7/8"	4-1/2"	10500'	600 sx
	2-3/8"	10047'	

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

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MCF	Gravity of Condensate
1116	4 hrs	-	-
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size
Back Pressure	165	PKR	1/2"

## 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.

Production Supervisor  
(Title)

8-3-88

(Date)

## OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 11.2.

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 11.1.

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. Separate Form C-104 must be filed for each pool in multiply

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

AUG 05 '88

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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TRANSPORTER	
OIL	
GAS	
OPERATION	
PROMOTION OFFICE	

Operator  
Yates Petroleum CorporationAddress  
105 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

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

Note: Well was formerly  
Lechuguilla Canyon Unit #9.If change of ownership give name  
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## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
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Location				
Unit Letter	J	1980 Feet From The	South Line and 2130 Feet From The	East
Line of Section	3	Township	24S	Range 24E, NMPM, Eddy County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Navajo Refg. Co.	PO Box 159, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co.	PO Box 1384, Jal, NM 88252	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	J	3
	Twp.	Rge.
	24S	24E
Is gas actually connected?	When	
YES	8-3-88	

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

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Rest'v.	Diff. Rest'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
1-26-82	4-16-82		10500'		10155'			
Elevations (D.F., R.K.H., RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
4028.9' GR	Morrow		10105'		10047'			
Perforations					Depth Casing Shoe			
10105-109'					10500'			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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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)

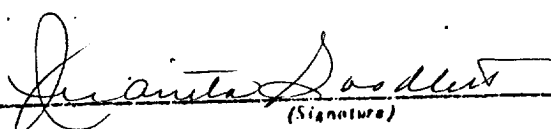
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
1116	4 hrs	-	-
Testing Method (pilot, back pr.)	Tubing Pressure (what-in)	Casing Pressure (what-in)	Choke Size
Back Pressure	165	PKR	1/2"

## 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.



Production Supervisor

(Date)

8-3-88

(Date)

## OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19

BY \_\_\_\_\_

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1000.

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