

OIL CONSERVATION DIVISION

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

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JUL 12 1991

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Yates Energy Corporation		Well API No. 30-015- <del>20162</del> 26167
Address P. O. Box 2323, Roswell, NM 88202-2323		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> <input type="checkbox"/> Other (Please explain) _____ Recompletion <input checked="" type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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 Desert Rose Federal	Well No. 1	Pool Name, including Formation Bandana Point Strawn	Kind of Lease State, (Federal or Fee)	Lease No. NM-37843
Location Unit Letter <u>I</u> : <u>1740</u> Feet From The <u>South</u> Line and <u>660'</u> Feet From The <u>East</u> Line Section <u>27</u> Township <u>23-S</u> Range <u>23-E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, TX 77001	
If well produces oil or liquids, give location of tanks. Unit <u>I</u> Sec. <u>27</u> Twp. <u>23S</u> Rge. <u>23E</u>	Is gas actually connected? yes	When? PC-781
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			X	
Date Spudded 9/3/89	Date Compl. Ready to Prod. 7/5/91	Total Depth 10,310'	P.B.T.D. 10,236'					
Elevations (DF, RKB, RT, GR, etc.) 4210' GR	Name of Producing Formation Strawn	Top Oil/Gas Pay 8772'	Tubing Depth 9861'					
Perforations 8772' - 8816' Strawn		Depth Casing Shoe						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	350'	425 sx. Premium Plus					
12 1/4"	8 5/8"	2,562'	1000 sx. HLW + 275 sx. BP					
7 7/8"	4 1/2"	10,310'	1200 sx. Class H					
	2 3/8"	9,861'						

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 422	Length of Test 24 hrs.	Bbls. Condensate/M/MCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 1550	Casing Pressure (Shut-in) 880	Choke Size 16/64"

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 Sharon R. Hamilton  
Printed Name Sharon R. Hamilton Landman  
Date 7/9/91 Title 623-4935  
Telephone No. \_\_\_\_\_

OIL CONSERVATION DIVISION

Date Approved AUG 23 1991

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.