Submit 5 Cepies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

See Instructions

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

OIL CONSERVATION DIVISION AUG 1 1 1992

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

O. C. D.

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TOTRA	ANSPOR	RT OIL	AND NAT	URAL GA	<u>S</u>				
YATES PETROLEUM CORPORATION					Well API No. 30-015-26887					
ddress 105 SOUTH 4th			1 882	10		· · · · · · · · · · · · · · · · · · ·				
	OIRDEI, ARIE	1AT		X Other	(Please explai	in)				
eason(s) for Filing (Check proper box)	Change :	n Transporte	r of:	APPROVE	BY ADM	INISTRAT	IVE ORD	ER MC-30)15(DHC)	
lew Well		n Transporte Dry Gas	. J	HIIKOADI	, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
.ecompletion	Oil L			-						
hange in Operator	Casinghead Gas	Condensa	ıc		<u></u>					
change of operator give name										
ad address of previous operator		1	1. 1/	7		<i>/</i> -				
I. DESCRIPTION OF WELL	AND LEASE	12/1/	ilaca	Formation	\overline{v}	Kind o	f Lease		ase No.	
ease Name	Well No	. Pool Nam	ne, includin	g Formation	-Morrow	State, I	ederal or Fee	// NM 4	3522	
Azotea AJZ Federal		Undes	Kob	IDA UTAW	-riorrow	Jag/11	1111	, ,		
ocation					010			West		
r	. 1980	_ Feet From	n The $\frac{Nc}{2}$	orth_Line	and 810	Fee	et From The _	11000	Line	
Unit Letter	Olific Details						Eddy County			
Section 9 Township 23S Range 24E				, NN	IPM,		Eddy County			
Schon										
II. DESIGNATION OF TRA	NSPORTER OF (DIL AND	NATUI	RAL GAS					mr1	
Name of Authorized Transporter of Oil	or Cond	ensate r	XX)	Montes (Civ	address to wh				<i>,,</i> ,	
	1 _i	Ľ		PO Box	159, Ar	tesia,	MM 88210)		
Navajo Refining Refin	inghead Gas	or Dry G	as X	Address (Giv	address to wh	hich approved	copy of this fo	orm is to be se	ent)	
Vame of Authorized Transporter of Casinghead Gas or Dry Gas X Yates Petroleum Corporation				105 South 4th St., Artesia, NM 88210						
	Unit Sec.				Is gas actually connected? When			?		
If well produces oil or liquids, give location of tanks.	1 E I 9	1 23	24		Yes		8-6-92			
The Meanon or mines.	1 - 1 -			ing order num	per:					
f this production is commingled with the	at 110111 ally other icase (or boort Rive	,						<u></u>	
V. COMPLETION DATA	100.00	-II C	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Time of Completio	oi W		X	I X	,	i	_		1	
	De Court Bendy to Prod		Λ	Total Depth			P.B.T.D.			
Date Spudded	· ·	Date Compl. Ready to Prod.			10920'			10714'		
11-29-91		2-10-92			Top Oil/Gas Pay			Tubing Depth		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation			10516'			10413'				
4143' GR Morrow				10020			Depth Casing Shoe			
Perforations							1092	20 '		
10516-10558'		0.0100	TO ARTO	CENTENTT	NG RECOR	RD.				
TUBING, CASING AN			U AND	DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING &	CASING & TUBING SIZE			40'			Redi-Mix		
26"	26" 20"						630 sx + 30 yds RediM			
1711	13-3/	13-3/8"			403'			800 sx		
121"		9-5/8"			2412'			825 sx		
7 7/8!!	5½"			(01) 0 = 3	10920'			من بے		
	EST FOR ALLO	WABLE	/2-7	/8" @ 10	1431'/ :	loughle for th	is depth or he	for full 24 ho	urs.)	
OIL WELL (Test must be after	EST FOR ALLO	me of load o	il and musi	be equal to o	exceed top all	OWGOIE JOT IN	etc.)	, ,		
Date First New Oil Run To Tank	Date of Test			Producing N	lethod (Flow, p	ump, gas iyi,	,			
							Choke Size			
Length of Test	Tubing Pressure			Casing Pressure			Choke dite			
Lought of the							Gas- MCF			
Actual Prod. During Test	Prod During Test Oil - Bbls.			Water - Bbls.			G45- 141C1.			
Section 1100 During 100							_L			
GAS WELL				Bbls Conde	nsate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	1 -	Length of Test			Bbls. Condensate/MMCF			_		
1650		24 hrs		Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)		Tubing Pressure (Shut-in)						1/2"		
Rack Pressure	250				Pkr					
VI. OPERATOR CERTIF	TCATE OF COL	MPLIAN	1CE		OIL CO	NICEDI.	ΛΤΙΟΝ	DIVISI	ON	
I hamby contifu that the rules and n	egulations of the Oil Co	nservation				INOTUN	ALION	١٠,٠٠٠	J	
Division have been complied with	and that the information	given above	•				Alle 1	9 1000		
is true and complete to the best of	my knowledge and belie	f.		Dat	e Approv	ed	AUG 1	6 199Z		
	Ž.				- , .mm ,					
(he anta Doublett					By ORIGINAL SIGNED BY					
X Con an					By ORIGINAL SIGNED BY MIKE WILLIAMS					
JUANITA GOODLE	TT - PRODUCTI	ON SUP	VR.				ISOR, DIS	TPICT IS		
Printed Name		Title		Titl	e	JUESNY	iovas, uta	ATTO THE		
8-7-92	\ - /	8-1471					grand or commence	an and the second	•	
Date		Telephone l	Vo.	11						

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.