

OIL CONSERVATION DIVISION

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

RECEIVED

FEB 25 1992

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA OFFICE

Operator YATES PETROLEUM CORPORATION		Well API No. 30-015-26908
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 Martha AIK Federal	Well No. 5	Pool Name, Including Formation Livingston Ridge Delaware	Kind of Lease State, Federal or Fee/ /	Lease No. NM 65417
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line Section <u>11</u> Township <u>22S</u> Range <u>31E</u> , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Pride Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) PO Box 2436, Abilene, TX 79604					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Yates Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 105 So. 4th, Artesia, NM 88210					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 11	Twp. 22	Rge. 31	Is gas actually connected? Yes	When? 2-10-92

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 1-8-92	Date Compl. Ready to Prod. 2-21-92		Total Depth 8420'		P.B.T.D. 8350'			
Elevations (DF, RKB, RT, GR, etc.) 3558' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 6953'		Tubing Depth 7100'			
Perforations 6953-8274'					Depth Casing Shoe 8420'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	40'	RediMix Pat ID-2
17 1/2"	13-3/8"	850'	850 sx 3-6-52
11"	8-5/8"	4246'	1600 sx comp 4
7-7/8"	5-1/2"	8420'	1500 sx BR

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.)

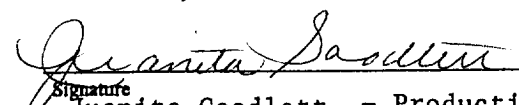
Date First New Oil Run To Tank 2-10-92	Date of Test 2-21-92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 120	Casing Pressure 60	Choke Size Open
Actual Prod. During Test 618	Oil - Bbls. 124	Water - Bbls. 494	Gas - MCF 93

GAS WELL

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

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
2-24-92
Date
Title
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 28 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.