

OIL CONSERVATION DIVISION

P. O. BOX 2080
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

NOV 30 '87

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

APPROVED	
DISTRIBUTION	
SANITARY	
FILE	
U.S.D.A.	
LAND OFFICE	
TRANSPORTER	
OIL	
NATURAL GAS	
OPERATOR	
PRODUCTION OFFICE	

Yates Petroleum Corporation

Address

105 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Almost Texas Unit	1	Undes. Wolfcamp	State, Federal or Fee State	LG-690
Location				
Unit Letter	N	660 Feet From The South	Line and 1980 Feet From The West	
Line of Section	2	Township 26S	Range 31E	Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)			
Navajo Refining Co.	PO Box 159, Artesia, NM 88210			
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Co.	PO Box 1384, Jal, NM 88242			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	N	2	26s	31e
Is gas actually connected?	Yes	When	11-23-87	

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 Hst's	Diff. Hst's
		X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
9-29-82	1-5-84		15900'		13296'			
Elevations (DF, RHH, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3244' GR	Wolfcamp		11738'		12715'			
Perforations					Depth Casing Shoe			
11738-917'; 12494-666'; 12866-97'; 13006-111'					11652'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	40'	
17-1/2"	13-3/8"	751'	800
12-1/4"	10-3/4"	4210'	3650
9-5/8"	7-5/8"	11652'	700

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 all-
able 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
2846	1 hr	-	-
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	5420	PKR	8/64"

VI. 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.

Suzanita Doodlett
(Signature)

Production Supervisor

11-23-87

(Date)

OIL CONSERVATION DIVISION

DEC 30 1987

APPROVED _____, 19

BY *Mike Williams*
Original Signed By

TITLE *Oil & Gas Inspector*

This form is to be filed in compliance with RULE 110.

If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the deviate
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow-
able 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 multipl
compleated wells.

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