

RECEIVED BY
OIL CONSERVATION DIVISIONMAY 20 1985
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501O. C. D.
ARTESIA, OFFICE REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.D.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

I. Operator
Yates Petroleum Corporation ✓

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

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Request 900 bbl test allowable.
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Perforations: 6322' sand jet holes
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name
and address of previous owner

For Month of May, 1985

II. DESCRIPTION OF WELL AND LEASE

Lease Name Melson "ZS" Federal	Well No. 1	Pool Name, including Formation Undes. Delaware	Kind of Lease NM-31649	Lease No. Federal
Location				
Unit Letter P	560	Feet From The South	Line and 660	Feet From The East
Line of Section 8	Township 26S	Range 30E	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"/> UPG Falco, A Div. of UPG Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 20108, Shreveport, LA 71120					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 8	Twp. 26S	Rge. 30E	Is gas actually connected? NO	When

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

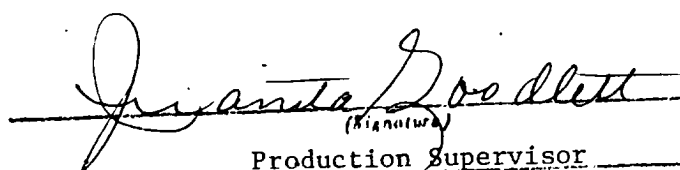
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

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.


Production Supervisor

5-17-85

(Date)

OIL CONSERVATION DIVISION

MAY 22 1985

APPROVED _____, 19 _____

BY _____
ORIGINAL SIGNED
BY LARRY BROOKS
GEOLOGIST - NMOCDThis form is to be filed in compliance with RULE 1102.
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 portions 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.
Form C-104 must be filed for each pool in multiple.