

## OIL CONSERVATION DIVISION

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P.O. BOX 20108

SANTA FE, NEW MEXICO 87501

JUL 5 1985

O. C. REQUEST FOR ALLOWABLE

ARTESIA OFFICE

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.O.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
NATURAL GAS	<input checked="" type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	
Operator	

Yates Petroleum Corporation ✓

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

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

## I. DESCRIPTION OF WELL AND LEASE

Lease Name Melson ZS Federal	Well No. 1	Pool Name, including Formation Unders. Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. NM-31649
Location E. Bowby Draw				
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

## II. 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:

## III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 2-6-85	Date Compl. Ready to Prod. 7-1-85		Total Depth 7400'		P.B.T.D. 6438'			
Elevations (DF, RKN, RT, GR, etc.) 3073' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 5497'		Tubing Depth 5391'			
Perforations 5497-5508; 5601-09; 6322'					Depth Casing Shoe 6500'			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13-3/8"	920'	800
11"	8-5/8"	3489'	1450
7-7/8"	5-1/2"	6500'	810
	2-7/8"	5391'	

IV. 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 Tanks 5-12-85	Date of Test 7-1-85	Producing Method (Flow, pump, gas lift, etc.) Pumping
Length of Test 24 hrs	Tubing Pressure 20	Casing Pressure 20
Actual Prod. During Test 343	Oil-Bbls. 48	Water-Bbls. 295
		Choke Size Open
		Gas-MCF 11

## GAS WELL

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

## I. 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

7-5-85

(Date)

## OIL CONSERVATION DIVISION

APPROVED JUL 9 1985

BY ORIGINAL SIGNED  
BY LARRY BROOKS  
TITLE GEOLOGIST - NMOC

This form is to be filed in compliance with RULE 11.1.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 11.1.

All sections 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. Separate Form C-104 must be filed for each pool in multiple.