

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

JAN - 9 1992

O. C. D.
ARTESIA OFFICE

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator YATES PETROLEUM CORPORATION		Well API No. 30-015-26630
Address 105 South 4th St., Artesia, NM 88210		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) CASINGHEAD GAS MUST NOT BE		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	FLARED AFTER 3/30/92
Recompletion <input type="checkbox"/>		UNLESS AN EXCEPTION TO
Change in Operator <input type="checkbox"/>		RULE 306 IS OBTAINED
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cotton Draw AJT Federal	Well No. 1	Pool Name, Including Formation Wildcat Delaware Unders. Canyon	Kind of Lease State, Federal or Ref.	Lease No. NM 55947
Location Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line Section 23 Township 24S Range 31E , 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 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 E	Sec. 23	Twp. 24	Rge. 31	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 2-10-91	Date Compl. Ready to Prod. 1-4-92	Total Depth 15450'	P.B.T.D. 8037					
Elevations (DF, RKB, RT, GR, etc.) 3554' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 7204'	Tubing Depth 7090'					
Perforations 7204-7974'			Depth Casing Shoe 8037'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
26"	20"	706'	1700 sx					
17 1/2"	13-3/8"	4450'	3550 sx					
12 1/4"	9-5/8"	12010'	1000 sx					
12 1/4"	5-1/2"	8037'	2500 sx					

V. TEST DATA AND REQUEST FOR ALLOWABLE **12-7/8" @ 7090'**

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 9-28-91	Date of Test 1-4-92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 40	Casing Pressure 40	Choke Size Open
Actual Prod. During Test 197	Oil - Bbls. 62	Water - Bbls. 132	Gas - MCF 30

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.

Juanita Goodlett
Signature
Juanita Goodlett - Production Supvr.
Printed Name
1-6-92
Date
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JAN 31 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.