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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION

Inergy, Minerals and Natural Resources Department

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JAH 1 194

DISTRICT III		
1000 Pio Prozos Rd	Artec NM	87410

D121	KIL	1.111				
1000	Rio	Brazos	Rd.,	Aztec,	NM	87410

REQUEST FOR ALLOWABLE AND AUTHORIZAT	ION
TO TRANSPORT OIL AND NATURAL GAS	

	TO	TRAN	ISPO	RT OIL	AND NAT	URAL GAS	S	OI No.		#
perator					Well Ar	Well API No. 30-015-27280				
YATES PETROLEUM CORPO	RATION							<del>-</del>		
Address										
105 South 4th St., Ar	tesia, N	1M 88	3210		Other	r (Please explai	n)			
Reason(s) for Filing (Check proper box)	<b>-</b>		`	er of:	LJ Oute	i (1 seine expinit				
Vew Well			ransport	er ot:						ļ
(ecompletion ==	Oil		Dry Gas Condensa	🗂						
Trange in Operator	Casinghead G	as	Condensa	ite						
change of operator give name nd address of previous operator										
I. DESCRIPTION OF WELL A	ND LEAS	E T	Dool Mar	ne Includir	ng Formation		Kind o	f Lease		ase No.
lease Name Adeline ALN Federal		ell No.	Sot	ith Sai	nd Dumes	Delaware	e State, F	ederal of Fee	NM 8	32904
						33				
Location	(()		<b>_</b>	m - (	South Line			t From The _	East	Line
Unit Letter P	: 660		Feet From	m The	JOULII LIK	alio				
6	24S		Range	31E	, NI	MPM,		Eddy		County
Section 6 Township			Kango					-		
III. DESIGNATION OF TRANS	PORTER	OF OI	L AND	NATU!	RAL GAS				To do los as	
Name of Authorized Transporter of Oil	01	Conden	sate r		Address (Giv	e address to wh	ich approved	copy of this foi マーフフラニュー	rm is 10 be se .1188	741)
EOTT Energy Corporation	x n		L		PO Box	1188, Hou	iston, T	A 114JI-	1100	
Name of Authorized Transporter of Casing	head Gas	$\overline{X}$	or Dry (	Gas	Address (Giv	ve address to who	iich approved St Art	copy of this fo	rm is to be se [ 88210	:m)
Yates Petroleum Corpor	cation.									
If well produces oil or liquids,		ec.	Twp.		Is gas actuall		When			
give location of tanks.	F 6	•	24S		YES			L-22-93		
If this production is commingled with that fi	rom any other	lease or	pool, give	e commingl	ling order num	ber:				
IV. COMPLETION DATA							- <del></del>	Plug Back	Como Doc'y	Diff Res'v
		Oil Well	G	as Well	New Well	Workover	Deepen	l bind Back i	Same Kes A	Dili Res
Designate Type of Completion -	· (X)	Χ	_1_		X	J	<u> </u>	DRTD		
Date Spudded	Date Compl.	Ready to	Prod.		Total Depth	<b>.</b> !		P.B.T.D. 8106	1	
10-31-93	11-22	2 <b>-93</b>			8160 Top Oil/Gas			Tubing Dept		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro		ormation					7700		
3466' GR	Delav	vare			7856	)		Depth Casin		
Perforations								8160		+
7856-8032'			<u> </u>	TO AND	CENTENT	NG PECOP	<u> </u>	1		
					CEMEN I	ING RECOR	<u> </u>	5	SACKS CEM	MENT
HOLE SIZE			JBING S	SIZE	<del> </del>	40'		Redi-Mix		
26"	20'				<del> </del>	550'		525 sx - circulated		
173"	13-	-3/8 <sup>11</sup>				4087'			1650 sx - circulated	
11"	8	5/8"				8160'			SX	
7-7/8"		1/2"	ARIE	12-7	7/8" @ 7	700'/				
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ST FOR A	-1	of load	oil and mus	t be equal to o	or exceed top all	lowable for th	is depth or be	for full 24 ho	urs.)
OIL WELL (Test must be after r	Date of Test		oj soudi		Producing N	viction (1 1011)	ownp, gas lift,	elc.)	Λ	7 450 -
Date First New Oil Run To Tank	12-2					Pumping			1º	1 11-2
11-22-93	Tubing Pres				Casing Pres			Choke Size	9 -	- 11-94
Length of Test 24 hrs	120	J				120		i	_som	12 x 12 14
Actual Prod. During Test	Oil - Bbls.				Water - Bbl	18.	-	Gas- MCF	/	′ ′
Actual Prod. During Test	l.	70			1	00		19	)4	
		<u> </u>		- · <del>- · · · · · · · · · · · · · · · · ·</del>					•	
GAS WELL	I amak af T	act			Bbis. Cond	ensate/MMCF		Gravity of	Condensate	
Actual Prod. Test - MCF/D	Length of T	CSI								
	Tubing Pres	saure (Sh	ut-in)		Casing Pre	ssure (Shut-in)		Choke Size	2	
Testing Method (pitot, back pr.)	Tuoing Fie	(OII	)							
		001	TOT Y 4 1	NICE						ON!
VI. OPERATOR CERTIFIC	JATE OF	COM	i 1Αί 	ばしば		OIL CO	NSER\	/ATION	DIVISI	ON
I hereby certify that the rules and regularities and regularities are been complied with and	ilations of the	Oil Cons	ervation iven abov	/e						
Division have been complied with and is true and complete to the best of my	knowledge an	nd belief.			Do	te Approv	ed	JAN	2 5 1994	<u> </u>
18 the and complete to the sea of my	. [3					re whhink				
Li Lanta Man	1111	-							wat It	•
	11.11.61				∥ Ву		NEUVISO	r, distr	<u> </u>	
Juanita Goodlett -	Producti	on Si	iperv	isor_			Aco. m.			
Printed Name			Title 3-147		Tit	le				
December 30, 1993			elephone		.					
Date		1	стерионе	. 10.					SE 15	the state of the state of

- 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
- 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.

See Instructions at Bottom of Page