

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANCTUARY	
FILE	
W.O.S.	
LAND OFFICE	
TRANSPORTED	OIL <input type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

Operator
Yates Petroleum Corporation

Address
105 South 4th st., Artesia, NM 88210

Reason(s) for filing (Check proper box) Other (Please explain)

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

If change of ownership give name and address of previous owner
 THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

DESCRIPTION OF WELL AND LEASE

Lease Name Hoover ADR State	Well No. 4	Pool Name, including Formation Sanmal-Queen R-8451. 6/1/87	Kind of Lease State, Federal or Fee State	Lease No. LG 3345
Location Unit Letter <u>N</u> ; <u>990</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>1</u> Township <u>17S</u> Range <u>33E</u> , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Tesoro Crude Oil Co.	Address (Give address to which approved copy of this form is to be sent) PO Box 2297, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) PO Box 1589, Tulsa, OK 74101
If well produces oil or liquids, give location of tanks. Unit <u>I</u> Sec. <u>1</u> Twp. <u>17s</u> Rge. <u>33e</u>	Is gas actually connected? When Yes 3-4-87

If this production is commingled with that from any other lease or pool, give commingling order number:

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 Hole <input type="checkbox"/>	Diff. Hole <input type="checkbox"/>
Date Spudded 1-8-87	Date Compl. Ready to Prod. 3-24-87	Total Depth 3900'	P.B.T.D. 3853'					
Elevations (DF, RKB, RT, GR, etc.) 4146.7' GR	Name of Producing Formation Queen	Top Oil/Gas Pay 3753'	Tubing Depth 3684'					
Perforations 3753-63'	Depth Casing Shoe 3900'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	1537'	775 sx
7-7/8"	5-1/2"	3900'	225 sx
	2-7/8"	3684'	

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 3-4-87	Date of Test 3-24-87	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 290#	Casing Pressure -	Choke Size 13/64"
Actual Prod. During Test 133	Oil-Bbls. 93	Water-Bbls. 40	Gas-MCF 174

GAS WELL

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

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)
Production Supervisor
(Title)
3-31-87
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 6 1987
BY ORIGINAL SIGNED BY JERRY EYTON
DISTRICT SUPERVISOR
TITLE _____

This 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 deviation tests taken on the well in accordance with RULE 111.
 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-completed wells.

RECORDED
APR 8 1987
PCS
ROBB'S OFFICE