

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

JUL 30 1982

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

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OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
REGISTRATION OFFICE	

Operator Yates Petroleum Corporation
Address 207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well Change in Transporter of: Oil Dry Gas

Recompletion Casinghead Gas Condensate

Change in Ownership

Other (Please explain)

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Amoco QT Federal</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Und. Wolfcamp</u>	Kind of Lease State, Federal or Fee <u>NM 13621 Federal</u>	Lease No. <u> </u>
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Location

Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West

Line of Section 29 Township 19S Range 24E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Navajo Crude Oil Purchasing Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 159, Artesia, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Transwestern Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2521, Houston, TX 77001</u>
If well produces oil or liquids, give location of tanks. Unit: <u>F</u> Sec. <u>29</u> Twp. <u>19s</u> Rge. <u>24e</u>	Is gas actually connected? <u>Yes</u> When <u>7-25-82</u>

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	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X				X		X
Date Spudded <u>RECOMPLETION</u> <u>7-6-82</u>	Date Compl. Ready to Prod. <u>7-25-82</u>	Total Depth <u>8850'</u>	P.B.T.D. <u>6088'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3818.5' GR</u>	Name of Producing Formation <u>Wolfcamp</u>	Top Oil/Gas Pay <u>6019'</u>	Tubing Depth <u>5945'</u>					
Perforations <u>6019-64'</u>			Depth Casing Shoe <u>8805'</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17-1/2"</u>	<u>13-3/8"</u>	<u>406'</u>	<u>525</u>
<u>12-1/4"</u>	<u>9-5/8"</u>	<u>2025'</u>	<u>2525</u>
<u>7-7/8"</u>	<u>4-1/2"</u>	<u>8825'</u>	<u>1160</u>
	<u>2-3/8"</u>	<u>5945'</u>	

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	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 <u>56</u>	Length of Test <u>24 hrs</u>	Bbls. Condensate/MMCF <u>-</u>	Gravity of Condensate <u>-</u>
Testing Method (spot, back pr.) <u>Back Pressure</u>	Tubing Pressure (shut-in) <u>25</u>	Casing Pressure (shut-in) <u>Packer</u>	Choke Size <u>1/4"</u>

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.

[Signature]
(Signature)
Engineering Secretary
(Title)
7-29-82
(Date)

OIL CONSERVATION DIVISION

AUG 4 1982

APPROVED _____, 19____
BY [Signature]
TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.
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 conditions.
Separate Forms C-104 must be filled for each pool in multiple completed wells.