

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

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

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

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

I.

Operator Yates Energy Corporation	Well API No. 30-015-26501
Address P. O. Box 2323, Roswell, NM 88202-2323	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Texasville Federal Com	Well No. 1	Pool Name, Including Formation Bandana Point - Strawn	Kind of Lease State, Federal or Fee	Lease No. NM-83032
Location Unit Letter K : 2310 Feet From The South Line and 1650 Feet From The West Line Section 27 Township 23-S Range 23-E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 159, Artesia, NM 88210						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, TX 77001						
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 27	Twp. 23S	Rge. 23E	Is gas actually connected? no	When? 1-2-91	approximately 1/1/91

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 10/24/90	Date Compl. Ready to Prod. 12/15/90	Total Depth 10,100'	P.B.T.D. 8750'					
Elevations (DF, RKB, RT, GR, etc.) 4188, 1 GR	Name of Producing Formation Strawn	Top Oil/Gas Pay 8632 8639	Tubing Depth 8577'		Depth Casing Shoe			
Perforations 8639 - 8667'								

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	350'	500 sx. Post ID-2
12 1/4"	8 5/8"	2585'	1,350 sx. 2-1-91
7 7/8"	4 1/2"	8800'	650 sx. Comp & BR
	2 3/8"	8576'	

V. 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 Tank	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 1,300	Length of Test 24 hrs.	Bbls. Condensate/MMCF 42	Gravity of Condensate 50°+
Testing Method (pilot, back pr.) flowing	Tubing Pressure (Shut-in) 2770	Casing Pressure (Shut-in) pkc.	Choke Size 18/64"

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.

Sharon R. Hamilton
 Signature
 Sharon R. Hamilton Landman
 Printed Name
 12/28/90 623-4935
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JAN 28 1991**

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.