05-62134

SP DT CC Dw 4 Sec 31-T8S-R26E

Form 9-331 C
(May 1963)

OPERATOR'S COPY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1425.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

# APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

| | |
|---|---|
| 5. LEASE DESIGNATION AND SERIAL NO. | NM-20346 |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 7. UNIT AGREEMENT NAME | |
| 8. FARM OR LEASE NAME | Charlie "ZA" Federal |
| 9. WELL NO. | |
| 10. FIELD AND POOL, OR WILDCAT | Pecos Slope Abo |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA | Sec. 22-T8S-R26E |
| 12. COUNTY OR PARISH | Chaves |
| 13. STATE | NM |

1a. TYPE OF WORK: DRILL [X] DEEPEN [ ] PLUG BACK [ ]

b. TYPE OF WELL: OIL WELL [ ] GAS WELL [X] OTHER — SINGLE ZONE [ ] MULTIPLE ZONE [ ]

2. NAME OF OPERATOR: Yates Petroleum Corporation

3. ADDRESS OF OPERATOR: 207 S. 4th, Artesia, New Mexico 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*)
At surface: 660' FSL and 1980' FEL
At proposed prod. zone: same

RECEIVED
FEB 17 1984

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*: 18 miles NE of Roswell, New Mexico

| | | | |
|---|---|---|---|
| 15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any) | 660' | 16. NO. OF ACRES IN LEASE: 320 | 17. NO. OF ACRES ASSIGNED TO THIS WELL: 160 |
| 18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT. | | 19. PROPOSED DEPTH: appr. 5000' | 20. ROTARY OR CABLE TOOLS: Rotary |
| 21. ELEVATIONS (Show whether DF, RT, GR, etc.): 3809' GL | | | 22. APPROX. DATE WORK WILL START*: ASAP |

23. PROPOSED CASING AND CEMENTING PROGRAM

| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT | SETTING DEPTH | QUANTITY OF CEMENT |
|---|---|---|---|---|
| 17 1/2" | 13 3/8" | 48# J-55 | 900' | 800 sx circulated |
| 7 7/8" | 4 1/2" | 9.5# J-55 | TD | 350 sx |

We propose to drill and test the Abo and intermediate formations. Approximately 900' of surface casing will be set and cement circulated to shut off gravel and caving. If needed (lost circulation) 8 5/8" intermediate casing will be run to 1500' and cemented with enough cement calculated to tie back into the surface casing. If commercial, production casing will be run and cemented with adequate cover, perforated and stimulated as needed for production.

MUD PROGRAM: FW gel/LCM to 900', Brine to 3200', Brine/KCL water to TD.

BOP PROGRAM: BOP's will be installed at the offset and tested daily.

GAS NOT DEDICATED.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED Glusenio Rodriguez TITLE Regulatory Agent DATE 2/16/84

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY Richard L. Bastin TITLE Associate District Manager DATE MAR 02 1984

CONDITIONS OF APPROVAL, IF ANY:

APPROVAL SUBJECT TO GENERAL REQUIREMENTS AND SPECIAL STIPULATIONS ATTACHED

Form 3160-5
November 1983)
Formerly 9-331)

OPERATOR'S COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.: NM 20346

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

# SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: Yates Petroleum Corporation

8. FARM OR LEASE NAME: Charlie ZA Federal

3. ADDRESS OF OPERATOR: 207 South 4th St., Artesia, NM 88210

9. WELL NO.: 1

4. LOCATION OF WELL. (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 660 FSL & 1980 FEL, Sec. 22-T8S-R26E

10. FIELD AND POOL, OR WILDCAT: Pecos Slope Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Unit O, Sec. 22-T8S-R26E

RECEIVED
BUREAU OF LAND MANAGEMENT
APR 4 1984
DIST. 6 N. M.
ROSWELL, NEW MEXICO

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3809' GR

12. COUNTY OR PARISH: Chaves

13. STATE: NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: | | | | SUBSEQUENT REPORT OF: | | | |
|---|---|---|---|---|---|---|---|
| TEST WATER SHUT-OFF | ☐ | PULL OR ALTER CASING | ☐ | WATER SHUT-OFF | ☒ | REPAIRING WELL | ☐ |
| FRACTURE TREAT | ☐ | MULTIPLE COMPLETE | ☐ | FRACTURE TREATMENT | ☐ | ALTERING CASING | ☐ |
| SHOOT OR ACIDIZE | ☐ | ABANDON* | ☐ | SHOOTING OR ACIDIZING | ☐ | ABANDONMENT* | ☐ |
| REPAIR WELL | ☐ | CHANGE PLANS | ☐ | (Other) | | | |
| (Other) | | | | (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) | | | |

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Spudded 17-1/2" hole 2:00 PM 3-28-84. Lost circulation at 70'. Ran 4 yds Redi-mix and started drilling out at 2:30 AM 3-29-84. Ran 5 jts of 13-3/8" 54.5# J-55 casing set 203'. 1-Texas Pattern notched guide shoe set 203'. Insert float set 160'. Cemented w/225 sacks Class "C", 15#/sack Hiseal, 3#/sack Permacheck, 1/2#/sack celloseal and 2% CaCl2. Compressive strength of cement - 1250 psi in 12 hrs. PD 8:45 AM 3-30-84. Bumped plug to 1000 psi, released pressure and float held okay. WOC. Drilled out 2:45 AM 3-31-84. WOC 18 hrs. NU and tested to 1000 psi for 30 minutes, okay. Reduced hole to 12-1/4". Drilled plug and resumed drilling. Note: Verbal permission to run 13-3/8" casing obtained from Armando Lopez, BLM, Roswell, at 7:00 PM 3-29-84. Notified James Brasfield, BLM at 7:30 PM 3-29-84, to witness cement job. Mr. Brasfield elected not to witness cement job.
Ran 23 jts of 8-5/8" 24# J-55 casing set 900'. 1-Texas Pattern notched guide shoe set 900'. Insert float set 860'. Cemented w/400 sacks Pacesetter Lite, 3% CaCl2. Tailed in w/200 sacks Class "C" 2% CaCl2. Compressive strength of cement - 1250 psi in 12 hrs. PD 11:00 PM 3-31-84. Bumped plug to 1000 psi, released pressure and float held okay. Cement circulated 50 sacks. WOC. Drilled out 7:00 PM 4-1-84. WOC 18 hrs. NU and tested to 1000 psi for 30 minutes, okay. Reduced hole to 7-7/8". Drilled plug and resumed drilling.

18. I hereby certify that the foregoing is true and correct

SIGNED: Juanita Goodlett TITLE: Production Supervisor DATE: 4-3-84

(This space for Federal or State office use)

APPROVED BY: ACCEPTED FOR RECORD PETER W. CHESTER TITLE: APR 9 1984 DATE:

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

4-23-84 No Partners. L.D.

Form 3160-5
(November 1983)
(Formerly 9-331)

OPERATOR'S COPY

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

# SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

5. LEASE DESIGNATION AND SERIAL NO.: NM 20346

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR: Yates Petroleum Corporation

8. FARM OR LEASE NAME: Charlie ZA Federal

3. ADDRESS OF OPERATOR: 207 South 4th St., Artesia, NM 88210

9. WELL NO.: 1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 660 FSL & 1980 FEL, Sec. 22-T8S-R26E

10. FIELD AND POOL, OR WILDCAT: Pecos Slope Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Unit O, Sec. 22-T8S-R26E

MAY 1 1 1984

| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 12. COUNTY OR PARISH | 13. STATE |
|---|---|---|---|
| | 3809' GR | Chaves | NM |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: | | | | SUBSEQUENT REPORT OF: | | | |
|---|---|---|---|---|---|---|---|
| TEST WATER SHUT-OFF | ☐ | PULL OR ALTER CASING | ☐ | WATER SHUT-OFF | ☐ | REPAIRING WELL | ☐ |
| FRACTURE TREAT | ☐ | MULTIPLE COMPLETE | ☐ | FRACTURE TREATMENT | X | ALTERING CASING | ☐ |
| SHOOT OR ACIDIZE | ☐ | ABANDON* | ☐ | SHOOTING OR ACIDIZING | X | ABANDONMENT* | ☐ |
| REPAIR WELL | ☐ | CHANGE PLANS | ☐ | (Other) Production Casing, Perforate | | | X |
| (Other) | | | | (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) | | | |

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

TD 5000'. Ran 124 joints of 4-1/2" 9.5# J-55 casing set at 5000'. 1-regular guide shoe set at 5000'. Super Seal float collar at 4960'. Cemented w/450 sacks "C", .5% CF-1, .2% AF-S, 3% KCL and 1/4#/sack celloseal. Compressive strength of cement - 900 psi in 12 hours. PD 2:30 PM 4-14-84. Bumped plug to 1400 psi, released pressure and float held okay. WOC 18 hours. Ran 1500' of 1". Cemented w/300 sacks Pacesetter Lite. WIH and perforated 4474-4500' w/10 .42" holes as follows: 4474, 76, 77, 93, 94, 95, 96, 98, 99 and 4500'. RIH w/tubing and packer. Acidized perforations 4474-4500' w/ 1000 gallons 7-1/2% Spearhead acid and 15 ball sealers. TOOH. Sand frac perforations 4474-4500' w/20000 gallons gelled KCL water, 30000# 20/40 sand. RIH w/tubing and packer. Packer set at 4435'. Well flowed 215 psi on 3/16" choke = 183 mcfgpd.

18. I hereby certify that the foregoing is true and correct

SIGNED Juanita Goodlett TITLE Production Supervisor DATE 5-9-84

(This space for Federal or State office use)

ACCEPTED FOR RECORD
PETER W. CHESTER
MAY 10 1984

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

5-24-84 No Partners. L.D.

Form 9-330
(Rev. 5-63)

DB OR SP LO CC Bud Le

Sent 5-24-84

OPERATOR'S COPY

SUBMIT IN DUPLICATE* (See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

# UNITED STATES
# DEPARTMENT OF THE INTERIOR
## GEOLOGICAL SURVEY

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

5. LEASE DESIGNATION AND SERIAL NO.: NM 20346

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Charlie ZA Federal

9. WELL NO.: 1

10. FIELD AND POOL, OR WILDCAT: Pecos Slope Abo

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Unit O, Sec. 22-8S-26E

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other

b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other

2. NAME OF OPERATOR: Yates Petroleum Corporation

3. ADDRESS OF OPERATOR: 207 South 4th St., Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface: 660 FSL & 1980 FEL, Sec. 22-T8S-R26E
At top prod. interval reported below
At total depth

OIL CONSERVATION DIVISION RECEIVED MAY 11 1984 ROSWELL, NEW MEXICO

12. COUNTY OR PARISH: Chaves
13. STATE: NM

14. PERMIT NO.:
DATE ISSUED:

| 15. DATE SPUDDED | 16. DATE T.D. REACHED | 17. DATE COMPL. (Ready to prod.) | 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* | 19. ELEV. CASINGHEAD |
|---|---|---|---|---|
| 3-28-84 | 4-12-84 | 5-8-84 | 3809' GR | |

| 20. TOTAL DEPTH, MD & TVD | 21. PLUG, BACK T.D., MD & TVD | 22. IF MULTIPLE COMPL., HOW MANY* | 23. INTERVALS DRILLED BY | ROTARY TOOLS | CABLE TOOLS |
|---|---|---|---|---|---|
| 5000' | 4937' | | → | 0-5000' | |

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*: 4474-4500' Abo

25. WAS DIRECTIONAL SURVEY MADE: No

26. TYPE ELECTRIC AND OTHER LOGS RUN: CNL/FDC; DLL

27. WAS WELL CORED: No

28. CASING RECORD (Report all strings set in well)

| CASING SIZE | WEIGHT, LB./FT. | DEPTH SET (MD) | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED |
|---|---|---|---|---|---|
| 13-3/8" | 54.5# | 203' | 17-1/2" | 225 | |
| 8-5/8" | 24# | 900' | 12-1/4" | 600 | |
| 4-1/2" | 9.5# | 5000' | 7-7/8" | 750 | |

29. LINER RECORD

| SIZE | TOP (MD) | BOTTOM (MD) | SACKS CEMENT* | SCREEN (MD) |
|---|---|---|---|---|
| | | | | |

30. TUBING RECORD

| SIZE | DEPTH SET (MD) | PACKER SET (MD) |
|---|---|---|
| 2-3/8" | 4435' | 4435' |

31. PERFORATION RECORD (Interval, size and number)
4474-4500' w/10 .42" holes

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

| DEPTH INTERVAL (MD) | AMOUNT AND KIND OF MATERIAL USED |
|---|---|
| 4474-4500' | w/1000g. 7½% acid. |
| | SF w/20000g. gel KCL wtr, |
| | 30000# 20/40 sd. |

33.* PRODUCTION

| DATE FIRST PRODUCTION | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) | WELL STATUS (Producing or shut-in) |
|---|---|---|
| 5-8-84 | Flowing | SIWOPLC |

| DATE OF TEST | HOURS TESTED | CHOKE SIZE | PROD'N. FOR TEST PERIOD → | OIL—BBL. | GAS—MCF. | WATER—BBL. | GAS-OIL RATIO |
|---|---|---|---|---|---|---|---|
| 5-8-84 | 8 | 3/16" | | - | 82 | - | - |

| FLOW. TUBING PRESS. | CASING PRESSURE | CALCULATED 24-HOUR RATE → | OIL—BBL. | GAS—MCF. | WATER—BBL. | OIL GRAVITY-API (CORR.) |
|---|---|---|---|---|---|---|
| 215 | Pkr | | - | 183 | - | - |

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.): Vented - Will be sold

ACCEPTED FOR RECORD
PETER W. CHESTER
MAY 17 1984

TEST WITNESSED BY: Bill Hansen

35. LIST OF ATTACHMENTS: Deviation Survey

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.

SIGNED: [signature] TITLE: Production Supervisor DATE: 5-9-84

*(See Instructions and Spaces for Additional Data on Reverse Side)

5-24-84 No Partners. K.D.

# INSTRUCTIONS

**General:** This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 18:** Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

**Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

**Item 29:** *"Sacks Cement":* Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

**Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

| FORMATION | TOP | BOTTOM | DESCRIPTION, CONTENTS, ETC. |
|---|---|---|---|

38. GEOLOGIC MARKERS

| NAME | TOP | |
|---|---|---|
| | MEAS. DEPTH | TRUE VERT. DEPTH |
| San Andres | 1006 | |
| Glorieta | 2212 | |
| Fullerton | 3642 | |
| Abo | 4445 | |

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837-497

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

# OIL CONSERVATION DIVISION

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

Form C-104
Revised 10-1-78

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

Operator: Yates Petroleum Corporation

Address: 207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner

## DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
|---|---|---|---|---|
| Charlie ZA Federal | 1 | Pecos Slope Abo | State, Federal or Fee Federal | NM-20346 |

Location

Unit Letter O ; 660 Feet From The South Line and 1980 Feet From The East

Line of Section 22 Township 8S Range 26E NMPM, Chaves County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|---|
| Name of Authorized Transporter of Oil or Condensate X | Address (Give address to which approved copy of this form is to be sent) |
| Navajo Crude Oil Purchasing Co. | Box 159, Artesia, NM 88210 |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas X | Address (Give address to which approved copy of this form is to be sent) |
| Transwestern Pipeline Co. | Box 2521, Houston, TX 77001 |

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | O | 22 | 8s | 26e | NO | approx 8 months |

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'v. | Diff. Res'v. |
|---|---|---|---|---|---|---|---|---|
| | | X | X | | | | | |

| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| 3-28-84 | 5-8-84 | 5000' | 4937' |

| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
|---|---|---|---|
| 3809' GR | Abo | 4474' | 4435' |

| Perforations | Depth Casing Shoe |
|---|---|
| 4474-4500' | 5000' |

### TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| 17-1/2" | 13-3/8" | 203' | 225 |
| 12-1/4" | 8-5/8" | 900' | 600 |
| 7-7/8" | 4-1/2" | 5000' | 750 |
| | 2-3/8" | 4435' | |

## TEST DATA AND REQUEST FOR ALLOWABLE

*(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)*

OIL WELL

| 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 | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
|---|---|---|---|
| 82 | 8 hrs | – | – |
| **Testing Method (pitot, back pr.)** | **Tubing Pressure (Shut-in)** | **Casing Pressure (Shut-in)** | **Choke Size** |
| Back Pressure | 215 | Pkr | 3/16" |

## 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)

5-9-84
(Date)

## OIL CONSERVATION DIVISION

APPROVED _____, 19 _____

BY _____

TITLE _____

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 condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

OPERATOR'S COPY

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.: NM-20346

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

# SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: Yates Petroleum Corporation

8. FARM OR LEASE NAME: Charlie ZA Federal

3. ADDRESS OF OPERATOR: 105 South 4th St., Artesia, NM 88210

9. WELL NO.: 1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 660' FSL & 1980' FEL

10. FIELD AND POOL, OR WILDCAT: Pecos Slope Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Unit O, Sec. 22-T8S-R26E

14. PERMIT NO.: API #30-005-62134

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3809' GR

12. COUNTY OR PARISH: Chaves

13. STATE: NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: | | | | SUBSEQUENT REPORT OF: | | | |
|---|---|---|---|---|---|---|---|
| TEST WATER SHUT-OFF | ☐ | PULL OR ALTER CASING | ☐ | WATER SHUT-OFF | ☐ | REPAIRING WELL | ☐ |
| FRACTURE TREAT | ☐ | MULTIPLE COMPLETE | ☐ | FRACTURE TREATMENT | ☐ | ALTERING CASING | ☐ |
| SHOOT OR ACIDIZE | ☐ | ABANDON* | ☐ | SHOOTING OR ACIDIZING | ☐ | ABANDONMENT* | ☐ |
| REPAIR WELL | ☐ | CHANGE PLANS | ☐ | (Other) Connected to pipeline for sales | | | |
| (Other) | | | | (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) | | | |

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

WELL CONNECTED TO PIPELINE FOR 1ST PRODUCTION AND SALES 12-2-88.

TRANSWESTERN PIPELINE COMPANY - PURCHASER
YATES PETROLEUM CORPORATION - TRANSPORTER

BUREAU OF LAND MANAGEMENT
ROSWELL, NEW MEXICO
DEC 6 1988

18. I hereby certify that the foregoing is true and correct

SIGNED Linda Goodlett TITLE Production Supervisor DATE 12-2-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER
Peter W. Chester
DEC 7 1988
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

12-12-88 ZO Parkins . L.O.

BW CO PP OK LM SB BW

Sent 1-13-89

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

| | |
|---|---|
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| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER OIL | |
| TRANSPORTER GAS | |
| OPERATOR | ✓ |
| PRORATION OFFICE | |

# OIL CONSERVATION DIVISION

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

Form C-104
Revised 10-1-78

RECEIVED
DEC 06 '88
O. C. D.
ARTESIA, OFFICE

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

I.

Operator: Yates Petroleum Corporation

Address: 105 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
|---|---|---|---|---|
| Charlie ZA Federal | 1 | Pecos Slope Abo | State, Federal or Fee: Federal | NM-20346 |

Location

Unit Letter O ; 660 Feet From The South Line and 1980 Feet From The East

Line of Section 22 Township 8S Range 26E , NMPM, Chaves County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil ☐ or Condensate ☒ | Address (Give address to which approved copy of this form is to be sent) |
|---|---|
| Navajo Refg. Co. | PO Box 159, Artesia, NM 88210 |
| Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ | Address (Give address to which approved copy of this form is to be sent) |
| Yates Petroleum Corporation | 105 South 4th St., Artesia, NM 88210 |

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | O | 22 | 8s | 26e | YES | 12-2-88 |

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 | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| 3-28-84 | 5-8-84 | 5000' | 4937' |
| **Elevations (DF, RKB, RT, GR, etc.)** | **Name of Producing Formation** | **Top Oil/Gas Pay** | **Tubing Depth** |
| 3809' GR | Abo | 4474' | 4435' |
| **Perforations** | | | **Depth Casing Shoe** |
| 4474-4500' | | | 5000' |

### TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| 17-1/2" | 13-3/8" | 203' | 225 |
| 12-1/4" | 8-5/8" | 900' | 600 |
| 7-7/8" | 4-1/2" | 5000' | 750 |
| | 2-3/8" | 4435' | |

## V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

| 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 | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
|---|---|---|---|
| 183 | 8 hrs | – | – |
| **Testing Method (pitot, back pr.)** | **Tubing Pressure (Shut-in)** | **Casing Pressure (Shut-in)** | **Choke Size** |
| Back Pressure | 215 | PKR | 3/16" |

## VI. 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.

Jeanette Bradley
(Signature)

Production Supervisor
(Title)

12-5-88
(Date)

12-12-88 No Partners, L.O.

## OIL CONSERVATION DIVISION

APPROVED DEC 7 1988, 19

BY Original Signed By
Mike Williams

TITLE

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 condition.

Separate Forms C-104 must be filed for each pool in multiply

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

# OIL CONSERVATION DIVISION

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

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

I. Operator: Yates Petroleum Corporation

Address: 105 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)
- New Well [X]
- Recompletion [ ]
- Change in Ownership [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
- Other (Please explain)

If change of ownership give name and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease (State, Federal or Fee) | Lease No. |
|---|---|---|---|---|
| Charlie ZA Federal | 1 | Pecos Slope Abo | Federal | NM-20346 |

Location
Unit Letter O : 660 Feet From The South Line and 1980 Feet From The East

Line of Section 22 Township 8S Range 26E, NMPM, Chaves County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil [ ] or Condensate [X] | Address (Give address to which approved copy of this form is to be sent) |
|---|---|
| Navajo Refg. Co. | PO Box 159, Artesia, NM 88210 |
| Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X] | Address (Give address to which approved copy of this form is to be sent) |
| Yates Petroleum Corporation | 105 South 4th St., Artesia, NM 88210 |

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | O | 22 | 8s | 26e | YES | 12-2-88 |

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 | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| 3-28-84 | 5-8-84 | 5000' | 4937' |

| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
|---|---|---|---|
| 3809' GR | Abo | 4474' | 4435' |

| Perforations | Depth Casing Shoe |
|---|---|
| 4474-4500' | 5000' |

### TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| 17-1/2" | 13-3/8" | 203' | 225 |
| 12-1/4" | 8-5/8" | 900' | 600 |
| 7-7/8" | 4-1/2" | 5000' | 750 |
| | 2-3/8" | 4435' | |

## V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

| 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 | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
|---|---|---|---|
| 183 | 8 hrs | - | - |
| **Testing Method (pitot, back pr.)** | **Tubing Pressure (Shut-in)** | **Casing Pressure (Shut-in)** | **Choke Size** |
| Back Pressure | 215 | PKR | 3/16" |

## VI. 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

Production Supervisor
(Title)

12-5-88
(Date)

## OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY _____

TITLE _____

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 condition.

Separate Forms C-104 must be filed for each pool in multiply

SP DT CO Dw 4 Sec 31-T8S-R26E

Form 9-331 C (May 1963)

OPERATOR'S COPY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved. Budget Bureau No. 42-R1425.

# UNITED STATES
# DEPARTMENT OF THE INTERIOR
## GEOLOGICAL SURVEY

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK: DRILL [X] DEEPEN [ ] PLUG BACK [ ]

b. TYPE OF WELL: OIL WELL [ ] GAS WELL [X] OTHER — SINGLE ZONE [ ] MULTIPLE ZONE [ ]

2. NAME OF OPERATOR: Yates Petroleum Corporation

3. ADDRESS OF OPERATOR: 207 S. 4th, Artesia, New Mexico 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*)
At surface: 660' FSL and 1980' FEL
At proposed prod. zone: same

RECEIVED FEB 17 1984

5. LEASE DESIGNATION AND SERIAL NO.: NM-20346

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Charlie "ZA" Federal

9. WELL NO.:

10. FIELD AND POOL, OR WILDCAT: Pecos Slope Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 22-T8S-R26E

12. COUNTY OR PARISH: Chaves — 13. STATE: NM

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*: 18 miles NE of Roswell, New Mexico

| 15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any) | 16. NO. OF ACRES IN LEASE | 17. NO. OF ACRES ASSIGNED TO THIS WELL |
|---|---|---|
| 660' | 320 | 160 |
| **18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.** | **19. PROPOSED DEPTH** | **20. ROTARY OR CABLE TOOLS** |
| | appr. 5000' | Rotary |

21. ELEVATIONS (Show whether DF, RT, GR, etc.): 3809' GL

22. APPROX. DATE WORK WILL START*: ASAP

23. PROPOSED CASING AND CEMENTING PROGRAM

| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT | SETTING DEPTH | QUANTITY OF CEMENT |
|---|---|---|---|---|
| 17 1/2" | 13 3/8" | 48# J-55 | 900' | 800 sx circulated |
| 7 7/8" | 4 1/2" | 9.5# J-55 | TD | 350 sx |

We propose to drill and test the Abo and intermediate formations. Approximately 900' of surface casing will be set and cement circulated to shut off gravel and caving. If needed (lost circulation) 8 5/8" intermediate casing will be run to 1500' and cemented with enough cement calculated to tie back into the surface casing. If commercial, production casing will be run and cemented with adequate cover, perforated and stimulated as needed for production.

MUD PROGRAM: FW gel/LCM to 900', Brine to 3200', Brine/KCL water to TD.

BOP PROGRAM: BOP's will be installed at the offset and tested daily.

GAS NOT DEDICATED.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED Gliceria Rodriguez TITLE Regulatory Agent DATE 2/16/84

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY Richard L. Bastin TITLE Associate District Manager DATE MAR 02 1984

CONDITIONS OF APPROVAL, IF ANY:

APPROVAL SUBJECT TO GENERAL REQUIREMENTS AND SPECIAL STIPULATIONS ATTACHED

Form 3160-5
November 1983)
Formerly 9-331)

OPERATOR'S COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.: NM 20346

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

# SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL [ ] GAS WELL [X] OTHER

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: Yates Petroleum Corporation

8. FARM OR LEASE NAME: Charlie ZA Federal

3. ADDRESS OF OPERATOR: 207 South 4th St., Artesia, NM 88210

9. WELL NO.: 1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 660 FSL & 1980 FEL, Sec. 22-T8S-R26E

10. FIELD AND POOL, OR WILDCAT: Pecos Slope Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Unit O, Sec. 22-T8S-R26E

RECEIVED
APR 4 1984
DIST. 6 N. M.
BUREAU OF LAND MANAGEMENT
ROSWELL, NEW MEXICO

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3809' GR

12. COUNTY OR PARISH: Chaves

13. STATE: NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: | | | | SUBSEQUENT REPORT OF: | | | |
|---|---|---|---|---|---|---|---|
| TEST WATER SHUT-OFF | [ ] | PULL OR ALTER CASING | [ ] | WATER SHUT-OFF | [X] | REPAIRING WELL | [ ] |
| FRACTURE TREAT | [ ] | MULTIPLE COMPLETE | [ ] | FRACTURE TREATMENT | [ ] | ALTERING CASING | [ ] |
| SHOOT OR ACIDIZE | [ ] | ABANDON* | [ ] | SHOOTING OR ACIDIZING | [ ] | ABANDONMENT* | [ ] |
| REPAIR WELL | [ ] | CHANGE PLANS | [ ] | (Other) | | | [ ] |
| (Other) | | | [ ] | (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) | | | |

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Spudded 17-1/2" hole 2:00 PM 3-28-84. Lost circulation at 70'. Ran 4 yds Redi-mix and started drilling out at 2:30 AM 3-29-84. Ran 5 jts of 13-3/8" 54.5# J-55 casing set 203'. 1-Texas Pattern notched guide shoe set 203'. Insert float set 160'. Cemented w/225 sacks Class "C", 15#/sack Hiseal, 3#/sack Permacheck, 1/2#/sack celloseal and 2% CaCl2. Compressive strength of cement - 1250 psi in 12 hrs. PD 8:45 AM 3-30-84. Bumped plug to 1000 psi, released pressure and float held okay. WOC. Drilled out 2:45 AM 3-31-84. WOC 18 hrs. NU and tested to 1000 psi for 30 minutes, okay. Reduced hole to 12-1/4". Drilled plug and resumed drilling. Note: Verbal permission to run 13-3/8" casing obtained from Armando Lopez, BLM, Roswell, at 7:00 PM 3-29-84. Notified James Brasfield, BLM at 7:30 PM 3-29-84, to witness cement job. Mr. Brasfield elected not to witness cement job.
Ran 23 jts of 8-5/8" 24# J-55 casing set 900'. 1-Texas Pattern notched guide shoe set 900'. Insert float set 860'. Cemented w/400 sacks Pacesetter Lite, 3% CaCl2. Tailed in w/200 sacks Class "C" 2% CaCl2. Compressive strength of cement - 1250 psi in 12 hrs. PD 11:00 PM 3-31-84. Bumped plug to 1000 psi, released pressure and float held okay. Cement circulated 50 sacks. WOC. Drilled out 7:00 PM 4-1-84. WOC 18 hrs. NU and tested to 1000 psi for 30 minutes, okay. Reduced hole to 7-7/8". Drilled plug and resumed drilling.

18. I hereby certify that the foregoing is true and correct

SIGNED: Juanita Goodlett TITLE: Production Supervisor DATE: 4-3-84

(This space for Federal or State office use)

APPROVED BY: ACCEPTED FOR RECORD PETER W. CHESTER TITLE: APR 9 1984 DATE:

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

4-23-84 No Partners. L.D.

Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OPERATOR'S COPY
SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

# SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

| | |
|---|---|
| 1. OIL WELL ☐ GAS WELL ☒ OTHER | 6. LEASE DESIGNATION AND SERIAL NO.: NM 20346 |
| | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME: |
| | 7. UNIT AGREEMENT NAME: |
| 2. NAME OF OPERATOR: Yates Petroleum Corporation | 8. FARM OR LEASE NAME: Charlie ZA Federal |
| 3. ADDRESS OF OPERATOR: 207 South 4th St., Artesia, NM 88210 | 9. WELL NO.: 1 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 660 FSL & 1980 FEL, Sec. 22-T8S-R26E | 10. FIELD AND POOL, OR WILDCAT: Pecos Slope Abo |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Unit O, Sec. 22-T8S-R26E |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3809' GR |
| | 12. COUNTY OR PARISH: Chaves |
| | 13. STATE: NM |

MAY 1 1 1984

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: | | | | SUBSEQUENT REPORT OF: | | | |
|---|---|---|---|---|---|---|---|
| TEST WATER SHUT-OFF | ☐ | PULL OR ALTER CASING | ☐ | WATER SHUT-OFF | ☐ | REPAIRING WELL | ☐ |
| FRACTURE TREAT | ☐ | MULTIPLE COMPLETE | ☐ | FRACTURE TREATMENT | X | ALTERING CASING | ☐ |
| SHOOT OR ACIDIZE | ☐ | ABANDON* | ☐ | SHOOTING OR ACIDIZING | X | ABANDONMENT* | ☐ |
| REPAIR WELL | ☐ | CHANGE PLANS | ☐ | (Other) Production Casing, Perforate | | | X |
| (Other) | | | | (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) | | | |

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

TD 5000'. Ran 124 joints of 4-1/2" 9.5# J-55 casing set at 5000'. 1-regular guide shoe set at 5000'. Super Seal float collar at 4960'. Cemented w/450 sacks "C", .5% CF-1, .2% AF-S, 3% KCL and 1/4#/sack celloseal. Compressive strength of cement - 900 psi in 12 hours. PD 2:30 PM 4-14-84. Bumped plug to 1400 psi, released pressure and float held okay. WOC 18 hours. Ran 1500' of 1". Cemented w/300 sacks Pacesetter Lite. WIH and perforated 4474-4500' w/10 .42" holes as follows: 4474, 76, 77, 93, 94, 95, 96, 98, 99 and 4500'. RIH w/tubing and packer. Acidized perforations 4474-4500' w/ 1000 gallons 7-1/2% Spearhead acid and 15 ball sealers. TOOH. Sand frac perforations 4474-4500' w/20000 gallons gelled KCL water, 30000# 20/40 sand. RIH w/tubing and packer. Packer set at 4435'. Well flowed 215 psi on 3/16" choke = 183 mcfgpd.

18. I hereby certify that the foregoing is true and correct

SIGNED Juanita Goodlett TITLE Production Supervisor DATE 5-9-84

(This space for Federal or State office use)

ACCEPTED FOR RECORD
PETER W. CHESTER
MAY 10 1984

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

5-24-84 No Partners. L.D.

Form 9-330
(Rev. 5-63)

DB DR SP LD CC BW LE

Sent 5-24-84 RD

OPERATOR'S COPY

SUBMIT IN DUPLICATE* (See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

# UNITED STATES
# DEPARTMENT OF THE INTERIOR
## GEOLOGICAL SURVEY

# WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

5. LEASE DESIGNATION AND SERIAL NO.: NM 20346

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Charlie ZA Federal

9. WELL NO.: 1

10. FIELD AND POOL, OR WILDCAT: Pecos Slope Abo

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Unit O, Sec. 22-8S-26E

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other

b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other

2. NAME OF OPERATOR: Yates Petroleum Corporation

3. ADDRESS OF OPERATOR: 207 South 4th St., Artesia, NM 88210

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface: 660 FSL & 1980 FEL, Sec. 22-T8S-R26E
At top prod. interval reported below
At total depth

RECEIVED BUREAU OF LAND MANAGEMENT ROSWELL, NEW MEXICO MAY 11 1984

| 14. PERMIT NO. | DATE ISSUED | 12. COUNTY OR PARISH | 13. STATE |
|---|---|---|---|
| | | Chaves | NM |

| 15. DATE SPUDDED | 16. DATE T.D. REACHED | 17. DATE COMPL. (*Ready to prod.*) | 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* | 19. ELEV. CASINGHEAD |
|---|---|---|---|---|
| 3-28-84 | 4-12-84 | 5-8-84 | 3809' GR | |

| 20. TOTAL DEPTH, MD & TVD | 21. PLUG, BACK T.D., MD & TVD | 22. IF MULTIPLE COMPL., HOW MANY* | 23. INTERVALS DRILLED BY | ROTARY TOOLS | CABLE TOOLS |
|---|---|---|---|---|---|
| 5000' | 4937' | | → | 0-5000' | |

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*: 4474-4500' Abo

25. WAS DIRECTIONAL SURVEY MADE: No

26. TYPE ELECTRIC AND OTHER LOGS RUN: CNL/FDC; DLL

27. WAS WELL CORED: No

28. CASING RECORD (*Report all strings set in well*)

| CASING SIZE | WEIGHT, LB./FT. | DEPTH SET (MD) | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED |
|---|---|---|---|---|---|
| 13-3/8" | 54.5# | 203' | 17-1/2" | 225 | |
| 8-5/8" | 24# | 900' | 12-1/4" | 600 | |
| 4-1/2" | 9.5# | 5000' | 7-7/8" | 750 | |

29. LINER RECORD

| SIZE | TOP (MD) | BOTTOM (MD) | SACKS CEMENT* | SCREEN (MD) |
|---|---|---|---|---|
| | | | | |

30. TUBING RECORD

| SIZE | DEPTH SET (MD) | PACKER SET (MD) |
|---|---|---|
| 2-3/8" | 4435' | 4435' |

31. PERFORATION RECORD (*Interval, size and number*): 4474-4500' w/10 .42" holes

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

| DEPTH INTERVAL (MD) | AMOUNT AND KIND OF MATERIAL USED |
|---|---|
| 4474-4500' | w/1000g. 7½% acid. SF w/20000g. gel KCL wtr, 30000# 20/40 sd. |

33.* PRODUCTION

| DATE FIRST PRODUCTION | PRODUCTION METHOD (*Flowing, gas lift, pumping—size and type of pump*) | WELL STATUS (*Producing or shut-in*) |
|---|---|---|
| 5-8-84 | Flowing | SIWOPLC |

| DATE OF TEST | HOURS TESTED | CHOKE SIZE | PROD'N. FOR TEST PERIOD → | OIL—BBL. | GAS—MCF. | WATER—BBL. | GAS-OIL RATIO |
|---|---|---|---|---|---|---|---|
| 5-8-84 | 8 | 3/16" | | - | 82 | - | - |

| FLOW. TUBING PRESS. | CASING PRESSURE | CALCULATED 24-HOUR RATE → | OIL—BBL. | GAS—MCF. | WATER—BBL. | OIL GRAVITY-API (CORR.) |
|---|---|---|---|---|---|---|
| 215 | Pkr | | - | 183 | - | - |

34. DISPOSITION OF GAS (*Sold, used for fuel, vented, etc.*): Vented - Will be sold

ACCEPTED FOR RECORD
PETER W. CHESTER
MAY 17 1984

TEST WITNESSED BY: Bill Hansen

35. LIST OF ATTACHMENTS: Deviation Survey

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.

SIGNED Juanita Goodlett TITLE Production Supervisor DATE 5-9-84

*(See Instructions and Spaces for Additional Data on Reverse Side)

5-24-84 No Partners. L.D.

# INSTRUCTIONS

**General:** This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 18:** Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

**Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

**Item 29:** *"Sacks Cement":* Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

**Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

| FORMATION | TOP | BOTTOM | DESCRIPTION, CONTENTS, ETC. |
|---|---|---|---|

38. GEOLOGIC MARKERS

| NAME | TOP | |
|---|---|---|
| | MEAS. DEPTH | TRUE VERT. DEPTH |
| San Andres | 1006 | |
| Glorieta | 2212 | |
| Fullerton | 3642 | |
| Abo | 4445 | |

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STATE OF NEW MEXICO
RGY AND MINERALS DEPARTMENT

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Operator

# OIL CONSERVATION DIVISION

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

Form C-104
Revised 10-1-78

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

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

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner

## DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
|---|---|---|---|---|
| Charlie ZA Federal | 1 | Pecos Slope Abo | State, Federal or Fee Federal | NM-20346 |

Location
Unit Letter O ; 660 Feet From The South Line and 1980 Feet From The East

Line of Section 22 Township 8S Range 26E , NMPM, Chaves County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|---|
| Name of Authorized Transporter of Oil ☐ or Condensate ☒ | Address (Give address to which approved copy of this form is to be sent) |
| Navajo Crude Oil Purchasing Co. | Box 159, Artesia, NM 88210 |
| Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ | Address (Give address to which approved copy of this form is to be sent) |
| Transwestern Pipeline Co. | Box 2521, Houston, TX 77001 |

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | O | 22 | 8s | 26e | NO | approx 8 months |

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'v. | Diff. Res'v. |
|---|---|---|---|---|---|---|---|---|
| | | X | X | | | | | |

| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| 3-28-84 | 5-8-84 | 5000' | 4937' |
| **Elevations (DF, RKB, RT, GR, etc.)** | **Name of Producing Formation** | **Top Oil/Gas Pay** | **Tubing Depth** |
| 3809' GR | Abo | 4474' | 4435' |
| **Perforations** | | | **Depth Casing Shoe** |
| 4474-4500' | | | 5000' |

## TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| 17-1/2" | 13-3/8" | 203' | 225 |
| 12-1/4" | 8-5/8" | 900' | 600 |
| 7-7/8" | 4-1/2" | 5000' | 750 |
| | 2-3/8" | 4435' | |

## TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

| 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 | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
|---|---|---|---|
| 82 | 8 hrs | - | - |
| **Testing Method (pitot, back pr.)** | **Tubing Pressure (Shut-in)** | **Casing Pressure (Shut-in)** | **Choke Size** |
| Back Pressure | 215 | Pkr | 3/16" |

## 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)
5-9-84
(Date)

## OIL CONSERVATION DIVISION

APPROVED _____, 19 _____

BY _____

TITLE _____

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 condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

OPERATOR'S COPY

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.: NM-20346

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

# SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: Yates Petroleum Corporation

8. FARM OR LEASE NAME: Charlie ZA Federal

3. ADDRESS OF OPERATOR: 105 South 4th St., Artesia, NM 88210

9. WELL NO.: 1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 660' FSL & 1980' FEL

10. FIELD AND POOL, OR WILDCAT: Pecos Slope Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Unit O, Sec. 22-T8S-R26E

14. PERMIT NO.: API #30-005-62134

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3809' GR

12. COUNTY OR PARISH: Chaves

13. STATE: NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: | | | | SUBSEQUENT REPORT OF: | | | |
|---|---|---|---|---|---|---|---|
| TEST WATER SHUT-OFF | ☐ | PULL OR ALTER CASING | ☐ | WATER SHUT-OFF | ☐ | REPAIRING WELL | ☐ |
| FRACTURE TREAT | ☐ | MULTIPLE COMPLETE | ☐ | FRACTURE TREATMENT | ☐ | ALTERING CASING | ☐ |
| SHOOT OR ACIDIZE | ☐ | ABANDON* | ☐ | SHOOTING OR ACIDIZING | ☐ | ABANDONMENT* | ☐ |
| REPAIR WELL | ☐ | CHANGE PLANS | ☐ | (Other) Connected to pipeline for sales | | | |
| (Other) | | | | (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) | | | |

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

WELL CONNECTED TO PIPELINE FOR 1ST PRODUCTION AND SALES 12-2-88.

TRANSWESTERN PIPELINE COMPANY - PURCHASER
YATES PETROLEUM CORPORATION - TRANSPORTER

BUREAU OF LAND MANAGEMENT ROSWELL, NEW MEXICO DEC 6 1988

18. I hereby certify that the foregoing is true and correct

SIGNED Juanita Goodlett TITLE Production Supervisor DATE 12-2-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER
Peter W. Chester
DEC 7 1988
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

12-12-88 Notified: L.D.

BW
CA
PP
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ENERGY AND MINERALS DEPARTMENT

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# OIL CONSERVATION DIVISION

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

Form C-104
Revised 10-1-78

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ARTESIA, OFFICE

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

I. Operator: Yates Petroleum Corporation

Address: 105 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

| | | | | | |
|---|---|---|---|---|---|
| New Well | [X] | Change in Transporter of: | | | |
| Recompletion | [ ] | Oil | [ ] | Dry Gas | [ ] |
| Change in Ownership | [ ] | Casinghead Gas | [ ] | Condensate | [ ] |

Other (Please explain)

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

## II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
|---|---|---|---|---|
| Charlie ZA Federal | 1 | Pecos Slope Abo | State, Federal or Fee: Federal | NM-20346 |

Location
Unit Letter O ; 660 Feet From The South Line and 1980 Feet From The East

Line of Section 22 Township 8S Range 26E , NMPM, Chaves County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil [ ] or Condensate [X] | Address (Give address to which approved copy of this form is to be sent) |
|---|---|
| Navajo Refg. Co. | PO Box 159, Artesia, NM 88210 |
| **Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]** | **Address (Give address to which approved copy of this form is to be sent)** |
| Yates Petroleum Corporation | 105 South 4th St., Artesia, NM 88210 |

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | O | 22 | 8s. | 26e | YES | 12-2-88 |

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 | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| 3-28-84 | 5-8-84 | 5000' | 4937' |
| **Elevations (DF, RKB, RT, GR, etc.)** | **Name of Producing Formation** | **Top Oil/Gas Pay** | **Tubing Depth** |
| 3809' GR | Abo | 4474' | 4435' |
| **Perforations** | | | **Depth Casing Shoe** |
| 4474-4500' | | | 5000' |

### TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| 17-1/2" | 13-3/8" | 203' | 225 |
| 12-1/4" | 8-5/8" | 900' | 600 |
| 7-7/8" | 4-1/2" | 5000' | 750 |
| | 2-3/8" | 4435' | |

## V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

| 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 | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
|---|---|---|---|
| 183 | 8 hrs | – | – |
| **Testing Method (pitot, back pr.)** | **Tubing Pressure (Shut-in)** | **Casing Pressure (Shut-in)** | **Choke Size** |
| Back Pressure | 215 | PKR | 3/16" |

## VI. 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)

12-5-88
12-12-88 (Date) No Partners, L.O.

## OIL CONSERVATION DIVISION

APPROVED DEC 7 1988, 19 _____

BY Original Signed By
Mike Williams

TITLE _____

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 condition.

Separate Forms C-104 must be filed for each pool in multiply

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

# OIL CONSERVATION DIVISION

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

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

I. Operator: Yates Petroleum Corporation

Address: 105 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)
- New Well [X]
- Recompletion [ ]
- Change in Ownership [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
- Other (Please explain)

If change of ownership give name and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
|---|---|---|---|---|
| Charlie ZA Federal | 1 | Pecos Slope Abo | State, Federal or Fee: Federal | NM-20346 |

Location: Unit Letter O ; 660 Feet From The South Line and 1980 Feet From The East

Line of Section 22 Township 8S Range 26E , NMPM, Chaves County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|---|
| Name of Authorized Transporter of Oil [ ] or Condensate [X]: Navajo Refg. Co. | Address (Give address to which approved copy of this form is to be sent): PO Box 159, Artesia, NM 88210 |
| Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]: Yates Petroleum Corporation | Address (Give address to which approved copy of this form is to be sent): 105 South 4th St., Artesia, NM 88210 |

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | O | 22 | 8s | 26e | YES | 12-2-88 |

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 | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| 3-28-84 | 5-8-84 | 5000' | 4937' |

| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
|---|---|---|---|
| 3809' GR | Abo | 4474' | 4435' |

| Perforations | Depth Casing Shoe |
|---|---|
| 4474-4500' | 5000' |

### TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| 17-1/2" | 13-3/8" | 203' | 225 |
| 12-1/4" | 8-5/8" | 900' | 600 |
| 7-7/8" | 4-1/2" | 5000' | 750 |
| | 2-3/8" | 4435' | |

## V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

| 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 | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
|---|---|---|---|
| 183 | 8 hrs | – | – |
| **Testing Method (pitot, back pr.)** | **Tubing Pressure (Shut-in)** | **Casing Pressure (Shut-in)** | **Choke Size** |
| Back Pressure | 215 | PKR | 3/16" |

## VI. 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)

Production Supervisor
(Title)

12-5-88
(Date)

## OIL CONSERVATION DIVISION

APPROVED _____, 19 ____

BY _____

TITLE _____

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 condition.

Separate Forms C-104 must be filed for each pool in multiply