## STATE OF NEW MEXICO NERGY AND MINERALS DEPARTMENT ---DISTABUTION BANTAFE FILE U.S.O.B. LAND DEFICE

## OIL CONSERVATION DIVISIO.

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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REQUEST FOR ALLOWABLE AND

O. C. D. THANSPORTER GAL ARTESIA, OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS DPEMATOR PROBATION OFFICE Operator Yates Petroleum Corporation Address 207 South 4th St., Artesia, NM 88210 Other (Please explain) Reason(s) for liling (Check proper box) X in Transporter of: New Well Dry Gas Recompletion Oil Casinghead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner \_\_\_\_ I. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation Lease No. Kind of Lease NM-17208 State, Federal or Fee Federa1 Dorothy VO Federal -Und. Pecos Slope Abo South Line and 660 660 Feet From The West Feet From The , NMPM, County 5 88 26E Chaves Range qidens .T Line of Section I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cil Box 159, Artesia, NM 88210
Address (Give address to which approved copy of this form is to be sent) Navajo Crude Oil Purchasing Co. or Dry Gas X Name of Authorized Transporter of Casinghead Gas Box 2521, Houston, TX 77001 Transwestern Pipeline Co. Rge. Is gas actually connected? when approx 12 wks Twp. Sec. Unit If well produces oil or liquids, give location of tanks. 1 5 126e Μ 8s Yes If this production is commingled with that from any other lease or pool, give commingling order number: '. COMPLETION DATA Same Res'v. Diff. Res'v. Workover New Well Oil Well Gas Well Designate Type of Completion - (X) Х X P.B.T.D. Total Depth Date Spudded RE-ENTRY Date Compl. Ready to Prod. 4400' 4342 10-16-82 11-8-82 Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation 4027 ' 3982 3650' GR Abo Depth Casing Shoe Periorations 4400' 4027-85' TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 1000' 700 existing 14-3/4" 8-5/8" 4-1/2" 4400' 650 7-7/8" 2-7/8" 3982**'** 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 Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tonks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Tost Gae - MCF Water - Bbla. Cil-Bble. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbis. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D 8 nrs 78 Cusing Pressure (Shut-in) Choke Size Tubing Presewe ( Ehut-in ) eating Method (publ. back pr.) <u>3/1</u>6" 280 Packer Back Pressure **DIL CONSERVATION DIVISION** T. CERTIFICATE OF COMPLIANCE APPROVED.

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.

Aranda & wallet
 (Signature)
Production Supervisor
 (Tule)

11-11-82

(Date)

TITLE .

This form is to be filed in compliance with MULE 1104, If this is a request for allowable for a newly drilled or desper well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.

All sections of this form must be filled out completely for allowable on new and recomplated wells.

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such thange of condition

beparate Forms C-104 must be filed for each pool in multiply completed walts.