

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

NO. OF APPLICANTS	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.A.	
LAND OFFICE	
TRANSPORTER	
OIL	
NATURAL GAS	
OPERATION	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

60-2088

1. Operator Yates Petroleum Corporation

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

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

2. DESCRIPTION OF WELL AND LEASE

Pecos Slope- Abo Gas

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>Everette 00 Federal</u>	<u>3</u>	<u>Wildcat Abo</u>	<u>NM-28297</u>	
State, Federal or Fee <u>Federal</u>				
Location				
Unit Letter	<u>C</u>	<u>660</u> Feet From The <u>North</u> Line and <u>1850</u> Feet From The <u>West</u>		
Line of Section	<u>26</u>	Township <u>5S</u> Range <u>24E</u> , NMPM, <u>Chaves</u> County		

3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Navajo Crude Oil Purchasing Co.</u>	<u>Box 159, Artesia, NM 88210</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Transwestern Pipeline Co.</u>	<u>Box 2521, Houston, TX 77001</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>C</u>	<u>26</u>	<u>5S</u>	<u>24E</u>	<u>Yes</u>	<u>Approx 4-6 wks</u>
						<u>2-18-82</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't.	Diff. Re
		<u>X</u>	<u>X</u>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>12-11-81</u>	<u>1-7-82</u>	<u>4250'</u>	<u>4070'</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>3944.4' GR</u>	<u>Abo</u>	<u>3699'</u>	<u>3786'</u>					
Perforations	Depth Casing Shoe							
<u>3699-3869'</u>	<u>4250'</u>							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>14-3/4"</u>	<u>10-3/4"</u>	<u>945'</u>	<u>700</u>
<u>7-7/8"</u>	<u>4-1/2"</u>	<u>4250'</u>	<u>350</u>
	<u>2-3/8"</u>	<u>3786'</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 oil able 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

Posted 2-3
Added 2-11-82
3-26-82

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u>175</u>	<u>2 hrs</u>	<u>-</u>	<u>-</u>
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
<u>Back Pressure</u>	<u>130</u>	<u>-</u>	<u>3/4"</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)

Engineering Secretary

(Title)

1-8-82

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 22 1982, 19

BY W. A. Lassett

TITLE SUPPLY, Demand

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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.

Complete Form C-104 must be filed for each pool in multi-

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

RECEIVED

FEB 22 1982

O. C. D.
ARTESIA, OFFICE

NOTICE OF GAS CONNECTION

DATE February 19, 1982

This is to notify the Oil Conservation Division that connection for the
purchase of gas from the Yates Petroleum Corp.
Operator

Everette "00" Federal
Lease

Well #3 - Unit Letter "C"
Well Unit

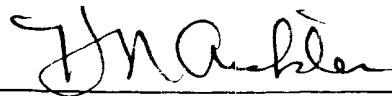
26-5S-24E- Chaves County
S.T.R.

Wildcat (Abo)
Pool

Transwestern
Name of purchaser

was made on February 18, 1982

Transwestern Pipeline Company
Company



H. N. Aicklen
Representative

Supervisor Gas Purchase Contract Administration
Title

cc: Operator
Oil Conservation Division - Santa Fe