RECEIVED -State of New Mexico OCT 24 '89 Energy, Minerals and Natural Resources Department Submit 5 Copies
Appropriate District Office
DISTRICT 1 DISTRICT II ARTESIA, OFFICE OIL CONSERVATION DIVISION P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30-005-61129 YATES PETROLEUM CORPORATION Address 105 SOUTH 4th STREET, ARTESIA, NM 88210 Other (Please explain) X Reason(s) for Filing (Check proper box) Change in Transporter of New Well EFFECTIVE DATE 10-21-89 Dry Gas Oil Recompletion XCasinghead Gas Condensate X Change in Operator If change of operator give name and address of previous operator Mesa Operating Limited Partnership, PO Box 2009, Amarillo, Texas 79189 II. DESCRIPTION OF WELL AND LEASE Kind of Lease Well No. Pool Name, Including Formation Lease No. Lease Name State, Federator Fee NM20932 Pecos Slope Abo Stewart Federal Location 660 east Feet From The <u>north</u> Line and _ 1980 Feet From The _Line Chaves Range 24E , NMPM, County <u>8s</u> III. 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 Oil or Condensate PO Box 159, Artesia, NM 88210 Navajo Refining Co. or Dry Gas [X] Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas (ATT: Transwestern Pipeline Co. Aicklen) PO Box 2521, Houston, TX | When? 2/12/82 11wp.8 Is gas actually connected? Unit If well produces oil or liquids, Yes If this production is commingled with that from any other lease or pool, give commingling onler number: IV. COMPLETION DATA Plug Back | Same Res'v Diff Res'v Gas Well New Well Workover Deepen Oil Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Spudded Date Compl. Ready to Proxi. Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD **DEPTH SET** CASING & TUBING SIZE HOLE SIZE ID-3 PER 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.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Water - Bbls. Gas- MCF Actual Prod. During Test Oil - Bbls. GAS WELL lible, Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) l'esting Method (pitot, back pr.) Tubing Pressure (Shut-in)

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.

Signature
JUANITA COODLETT - PRODUCTION SUPVR.

Printed Name (505)

748-1471 8-1-89 Telephone No. Date

OIL CONSERVATION DIVISION

Date Approved NOV 1 7 1989

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT I

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
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

- 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.