

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

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DEC 23 1981

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	1
OIL	1
GAS	1
OPERATION	1
PROMOTION OFFICE	

Operator Yates Petroleum Corporation

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

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Pecos Slope - Abo Gas

Lease Name <u>Godfrey MP Federal</u>	Well No. <u>5</u>	Pool Name, including Formation <u>W. Abo</u>	Kind of Lease <u>NM-10893</u>	Lease <u>Federal</u>
Location				
Unit Letter <u>A</u>	<u>660</u>	Feet From The <u>North</u>	Line and <u>660</u>	Feet From The <u>East</u>
Line of Section <u>15</u>	Township <u>7S</u>	Range <u>25E</u>	NMPM, <u>Chaves</u>	Co.

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 <u>15</u> Sec. <u>7s</u> Twp. <u>25e</u> Rge. <u>25e</u>
Is gas actually connected?	When <u>Approx 4-6 mts</u>
<u>Yes</u>	<u>3-15-82</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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. <input type="checkbox"/>
Date Spudded <u>12-1-81</u>	Date Compl. Ready to Prod. <u>12-20-81</u>	Total Depth <u>4500'</u>	P.B.T.D. <u>4423'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3777.6' GR</u>	Name of Producing Formation <u>Abo</u>	Top Oil/Gas Pay <u>3845'</u>	Tubing Depth <u>3930'</u>					
Perforations <u>3845-4001'</u>			Depth Casing Shoe <u>4498'</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>24"</u>	<u>20"</u>	<u>30'</u>	<u>3 yds Ready Mix</u>
<u>14-3/4"</u>	<u>10-3/4"</u>	<u>850'</u>	<u>700</u>
<u>7-7/8"</u>	<u>4-1/2"</u>	<u>4498'</u>	<u>450</u>
	<u>2-3/8"</u>	<u>3930'</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 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

GAS WELL

Actual Prod. Test-MCF/D <u>160</u>	Length of Test <u>2 hrs</u>	Bbls. Condensate/MMCF <u>-</u>	Gravity of Condensate <u>-</u>
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (shut-in) <u>120</u>	Casing Pressure (shut-in) <u>-</u>	Choke Size <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.

Juanita D. Oodier
(Signature)
Engineering Secretary
(Title)
12-22-81
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 19 1982
BY Mike Walker
TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for a able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of c well name or number, or transporter, or other such change of cond
Separate Forms C-104 must be filled for each pool in mu completed wells.

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NEW MEXICO OIL CONSERVATION DIVISION

MAR 18 1982

P. O. DRAWER "DD"

O. C. D.
ARTESIA OFFICE

ARTESIA, NEW MEXICO 88210

NOTICE OF GAS CONNECTION

DATE March 16, 1982

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

Godfrey "MP" Federal
Lease

Well #5 - Unit Letter ^A "X"
Well Unit

15-7S-25E, Chaves County
S.T.R.

Pecos Slope Abo Gas
~~Wildcat (Abo)~~
Pool

Transwestern
Name of purchaser

was made on

March 15, 1982

Transwestern Pipeline Company
Company



H. N. Aicklen
Representative

Supervisor Gas Purchase Contract Administration
Title

cc: Operator
Oil Conservation Division - Santa Fe