

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78

RECEIVED

FEB 11 1982

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	1
FILE	1
U.S.O.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PROMOTION OFFICE	1

Operator
Yates Petroleum CorporationAddress
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

DESCRIPTION OF WELL AND LEASE

Lease Name Sacra SA Com	Well No. 1	Pool Name, Including Formation Pecos Slope-Abo Gas	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>35</u> Township <u>6S</u> Range <u>25E</u> , NMPL, <u>Chaves</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) Box 159, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 2521, Houston, TX 77001	
If well produces oil or liquids, give location of tanks.	Unit <u>E</u> Sec. <u>35</u> Twp. <u>6S</u> Rge. <u>25S</u>	Is gas actually connected? <u>Yes</u> When <u>Approx 4-7 weeks</u> <u>5-24-82</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 Resrv.	Diff. Res.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 1-9-82	Date Compl. Ready to Prod. 2-9-82	Total Depth 4225'	P.B.T.D. 4182'					
Elevations (DF, RKB, RT, GR, etc.) 3714.5' GR	Name of Producing Formation Abo	Top Oil/Gas Pay 3607'	Tubing Depth 3850'					
Perforations 3607-3878'			Depth Casing Shoe 4212'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16"	30'	2 yds Ready Mix
12-1/4"	8-5/8"	925'	700
7-7/8"	4-1/2"	4212'	375
	2-3/8"	3850'	

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 allowable 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 213	Length of Test 4 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 75	Casing Pressure (shut-in)	Choke Size 3/4"

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.

Engineering Secretary

2-11-82

(Date)

OIL CONSERVATION DIVISION

APR 1 1982

APPROVED

BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 11.1.

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 11.1.

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 Form C-104 must be filed for each pool in multiple completed wells.