

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

FEB 16 1982

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS O. C. D.

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
USDA	<input type="checkbox"/>
LAND	<input type="checkbox"/>
TRANSP.	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERAT.	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>

Operator:

ARTESIA, OFFICE

Yates Petroleum Corporation ✓

Address:

207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Finley RV Com	Well No. 1-Y	Pool Name, Including Formation Pecos Slope-Abo Gas	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter K	1740	Feet From The South	Line and 1980	Feet From The West
Line of Section 34	Township 6S	Range 25E	NMPM, Chaves	County

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)					
Navajo Crude Oil Purchasing Co.	Box 159, Artesia, NM 88210					
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)					
Transwestern Pipeline Co.	Box 2521, Houston, TX 77001					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 34	Twp. 6s	Rge. 25e	Is gas actually connected? Yes	When Approx 6 wks 5-18-82

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'v.	Diff. Res'v.
		X	X					
Date Spudded 1-5-82	Date Compl. Ready to Prod. 2-13-82		Total Depth 4100'			P.B.T.D. 3882'		
Elevations (DF, RKB, RT, GR, etc.) 3721' GR	Name of Producing Formation Abo		Top Oil/Gas Pay 3570'			Tubing Depth 3762'		
Perforations 3570-3830'						Depth Casing Shoe 4098'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	885'	850
7-7/8"	7"	1635'	110
6-1/4"	4-1/2"	4098'	350
	2-3/8"	3762'	

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)

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	MCF/D	Length of Test 1-1/2 hours	Bbls. Condensate/MCF	Gravity of Condensate
Test	pressure	Tubing Pressure (Shut-in) 225	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 is true and complete to the best of my knowledge and belief.

(Signature)

Engineering Secretary

(Date)

2-15-82

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 7 1982

Original Signed By

BY Leslie A. Clements

TITLE Supervisor District II

This form is to be filed in compliance with RULE 1-35.

If this is a request for allowable for a newly drilled or deepened 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 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 recompleted wells.