Hold for notice? Com, Send yest test notice where - 104 experioused.

IERGY AND MINERALS DEPARTMENT DISTRIBUTION SANTA FE FILE V.S.U.S. LAND OFFICE

OIL CONSERVATION DIVISIONRECEIVED P. O. BOX 2088

SANTA FE, NEW MEXICO 87501 APR 28 1982

REQUEST FOR ALLOWABLE O. C. D. TRANSPORTER AND CAS AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS CPERATOR PHONATION OFFICE Operator Yates Petroleum Corporation / Address 207 South 4th St., Artesia, NM 88210 Reason(s) for filing (Check proper box) Other (Please explain) X Change in Transporter of: OII Dry Gos Recompletion Casinghead Gas Condensate Change in Ownership If change of ownership give name and address of rrevious owner. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease State, Federal or Fee State Collins SW State ♣. Pecos Slope Abo LG-249 __ Feet From Tha __ Feet From The North Line and 660 West : 660... Unit Letter___ D Chaves Range 24E , ммрм, Cour 25 4 S qideaw T. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Nome of Authorized Transporter of Cil or Condensate X Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cil Box 159, Artesia, NM88210 Navajo Crude Oil Purchasing Co. Address (Give address to which approved copy of this form is to be sent) or Dry Gas 🛛 Name of Authorized Transporter of Casinghead Gas Box 2521, Houston, TX 77001 Transwestern Pipeline Co. When gas actually connected? approx 6-8 wks TTwp. Rge. Unit Sec. If well produces oil or liquids, give location of tanks. ! 25 24e D 45 If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Same Restv. Diff. : New Well Plue Back T Gas Well WOLL OVER Deepen Designate Type of Completion - (X) X Date Compl. Ready to Prod. Total Depth P.B.T.D. Date Spudded 40851 4150' 4-22-82 4-1-82 Name of Producing Formation Top OII/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) 3600' 3647 3998' GR Abo Depth Casing Shoe Perforations 4138' 3647-3970**'** TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 30 **¹** 24" 20" 700 8-5/8" 928 12-1/4" 350 4-1/2" 7-7/8" 4138 2-7/8" 3600' (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) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oll Run To Tunks Choke Size Tubing Pressure Casing Pressure Leacth of Test Gas - MCF Water - Bbls. Oll-Bbls. Artual Prod. During Test GAS WELL Gravity of Condensate Length of Test Bbis. Condensate/MMCF Actual Prod. Test-MCF/D 6 hrs 192 Choke Sixe Cusing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pirot, back pr.) 1/2" Packer 110 Back Pressure **DIL CONSERVATION DIVISION** CERTIFICATE OF COMPLIANCE __. 19 ___ I hereby certify that the rules and regulations of the Oli Conservation Division have been complied with and that the information given above is true and complete to the beat of my knowledge and helief. APPROVED ___ BY TITLE _ This form is to be filed in compliance with MULE 1102. If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devictests taken on the well in accordance with RULE 171. Engineering Secretary

(Title)

(Dute)

4-23-82

All sections of this form must be filled out completely for a) able on new and recompleted walls.

Fill out only Sections I. H. III, and VI for changes of owwell name or number, or transporter, or other such change of condi-

Separate Forms C-104 must be flied for each pool in muli

DIAIL OF LEEVE INCHARGE DHAIL OF THE VERNELD

ERIGY AND MICHERLS (HEARIMENT

OUTTON OF THE VERNELD

OUTTON OF THE VERNELD

THAIR OF THE VERNELD

OF THAIR OF THE VERNELD

OIL CONSERVATION DIVISION RECEIVED

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

APR 26 1982

REQUEST FOR ALLOWABLE

O. C. D.

AND U. C. D. AUTHORIZATION TO TRANSPORT OIL AND NATHRIES & ASPECE

PROMATION OFFICE	AUTHORIZATION TO TRANS	NORT OIL AND HATC	//Cres-Cw (&)		
Croerator	ım Corporation /				
207 South 4th	St., Artesia, NM 88210		,		
Reason(s) for filing (Check proper box)	Other (Pleas	e explain)		
New Well	Change in Transporter of:				
Recompletion	OII Dry G	·0\$			
Change in Ownership	Caringhead Gas Conde	ensate			
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND	LEASE				
Lease Name	Well No. Pool Name, Including F	ormation	Kind of Lease		Lease '
Collins SW State	1 🚾 . Pecos Sl	lope Abo	State, Federa	lor Foo State	LG-249
Location					
Unit Letter <u>D</u> : <u>660</u>	Feet From The North Li	ne and <u>660</u>	Feet From	The <u>West</u>	
Line of Section 25 T.	wnship 4S Range 2	24E , NMPN	. Chav	ves	Cour
DESIGNATION OF TRANSPORT		AS Address (Give address	to which approx	ued copy of this form is	s to be sent
Name of Authorized Transporter of CII		1			
Navajo Crude Oil Purch	lasing Co.	Box 159, Arte			to be sent)
Name of Authorized Transporter of Cas		1			
Transwestern Pipeline	Unit Sec. Twp. Rge.	Box 2521, Ho			wks
If well produces all or liquids, give location of tanks,	D 25 4s 24e	Yes	i		
If this production is commingled wit COMPLETION DATA					
Designate Type of Completion	on = (X) Gas Well X	New Well Workover	Deepen	Plug Back Same R	estv. Diff. :
Date Spudded	Dute Compl. Heady to Frud.	Total Depth		P.B.T.D.	
4-1-82	4-22-82	4150'		4085'	
Elevations (DF, RhB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
3998' GR	Abo	3647'		3600'	
Perforations				Depth Casing Shoe	
:	3647-3970 '			4138'	
	TUBIRG, CASING, AN	D CEMENTING RECOR	RD		
HOLE SIZE	CASING & TUBING SIZE	DEPTHS	ET	SACKS CE	EMENT
24"	20''	30'			
12-1/4"	8-5/8"	928'		700	
7-7/8"	4-1/2"	4138		350	
	2-7/8"	3600		<u> </u>	
TEST DATA AND REQUEST FO	able for this di	epin or be for full 24 hour.	1)		r exceed to:
Date First New Cli Hun To Touxs	Late of Test	Producing Method (Figu	v, pump, g os (1)		
Length of Tent	Tubing Pressure	Casing Pressure		Choke Size	
Actual Prod. During Tost	Oil-iphla.	Water-Bbls.		Gas-MCF	
GAS WELL					
Actual Prod. 3 - #1 - MCF/D	Length of Test	Bble. Condensute/MMC	F	Gravity of Condensa	t o
192	6 hrs				
Testing Method (publ., back pl.)	Tubing Pressure (Shut-Su)	Cusing Fressure (bhut	:-1n)	Choke Sixe	
Back Pressure	110	Packer	DA WEDLIAT	.i	
CERTIFICATE OF COMPLIANCE		DIL CONSERVATION DIVISION			
	and the contraction	APPROVED			19
hereby certify that the rules and regulations of the Oli Conservation District have been complied with and that the information given those is true and complete to the beat of my knowledge and belief.		APPROVED			
were an eros many compared to the	•	TITLE			
	y-1	11			
	2) × 11/11	This form is to	o be filed in a	compliance with RUI	E. 1104.
Ji wila	· - · · · · · · · · · · · · · · · · · ·	II tt this town man	dinaccompa	vable for a newly dri nied by a tabulation	OI IVE GOLD
<i>i</i> .		lests taken on the	wall in recent	dance with Ruck 1	11.
Engineering (74)	All sections of	this form mu	at he filled out comp	stately for al	
		able on new and re	O	itti and VI for ch	co lo magnus
4-23-82 (Da)	(c)	Well name or number	or, or treits*port	Et, of Other Buch cha	114
		Separate Form	.∍ C-104 mus	t he filled for each	pool in mult

CRGY AND MICHERALS DEPARTMENT OBT BIRDTION PANTA FE

FILE

U.S.O.B.

LAND DEFICE

(Sienaswa))

Engineering Secretary

(Date)

4-23-82

OIL CONSERVATION DIVISION RECEIVED P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

APR 2'6 1982

Cit	REQUEST FOR	RALLOWABLE			
TRANSPORTER		ND	O, C. D.		
OPERATION	AUTHORIZATION TO TRANSF	PORT OIL AND NAT	ATESIA OFFIC	E	
Operator					
Yates Petroleu	m Corporation				
207 South 4th	St., Artesia, NM 88210				
Reason(s) for Illing (Check proper box	/	Other (Pleas	ie explain)		
New Well X	Change in Transporter of:				
Recompletion	OII Dry Go				
Change in Ownership	Caulnghead Gan Conden	nsate			
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND	LEASE.				
Lease Name	Well No. Pool Name, including fo	ormation	Kind of Least		Lease .
Collins SW State	1 Pecos Slo	ope Abo	State, Federa	lor Fee State	LG-249
Location					
Unit Letter D : 660	Feet From The North Lin	• and660	Feet From "	Tho West	
Line of Section 25 Tex	vnship 4S Range 20	4E , NMP	м. Chav	<i>j</i> es	Co. :
Line of Section 25 Tea	vitality 40			······································	
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S	1 .		
Neme of Authorized Transporter of Cil	or Condensate 🐒	į .		red copy of this form is	to be sent)
Navajo Crude Oil Purch	nasing Co.	Box 159, Arte	sia, NM88	210	
Name of Authorized Transporter of Cas	Inghead Gas or Dry Gos X	1		ved copy of this form is	to be senty
Transwestern Pipeline	Co.	Box 2521, Ho			
If well produces oil or liquids,	Unit Sec. Twp. Rqe.	Is gas actually connec	ted? Whi	•n approx 6−8	WKS
give location of tanks.	D 25 4s 24e	Yes		·	
Whis production is comminated wit	h that from any other lease or pool,	give commingling ord	er number:		
COMPLETION DATA					
	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Re	s'v. Diff. :
Designate Type of Completic	$\operatorname{pn} - (X)$! X	X :		1	<u></u>
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
4-1-82	4-22-82	4150'		4085 '	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
3998' GR	Abo	3647'		3600 '	
Perforations	Abo			Depth Casing Shoe	
	3647-3970 '			4138'	
	TUBING, CASING, AND	CEMENTING RECO	RD		
	CASING & TUBING SIZE	DEPTH		SACKS CE	MENT
HOLE SIZE	20"	30'			
2.4"	8-5/8"	928	1	700	
1.2-1/4"	8-5/8	413		350	
7-7/8"	4-1/2"	360			
	2-7/8"	<u></u>			
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be of	fier recovery of 10tal vo pih or be for full 24 hou	lume of load oil. rsi	and must be equal to or	excess top
OIL WELL		Producing Method (File		jt, etc.)	
Date First New Dil Hun To Tanks	Date of Test	Fibered Merines (1		•	
		Costrig Pressure		Choke Size	
Length of Test	Tubing Pressure	Cashing 1 1000 mo			
		Water-itble.		Gaa-MCF	
Actual Prod. During Test	Cil-Bhle.	Willet - Drie.			
		<u> </u>			
GAS WELL				Gravity of Condensati	
Actual Prod. Tem-MCF/D	Langth of Test	Bbis. Condensute/MM	CF	Cravity of Concessed	
192	6 hrs	-		 -	
Teating Method (pirot, back pr.)	Tubing Freesure (Shut-12)	Casing Pressure (bhu	t-1n)	Choke Sixe	
Back Pressure	110	Packer		1/2"	
CERTIFICATE OF COMPLIAN	CE.	DIL (CONSERVA"	TION DIVISION	
CALABATA ACTUAL OF COMMADIMENT					
	amilettees of the Oil Conseivation	APPROVED			. 19
nisiring have been countied with	egulations of the Oll Conservation and that the information given				
above is true and complete to the	best of my knowledge and belief.	.BY			
•		TITLE			
		1)			
	21 3 11/17	This form is	to be filed in	compliance with MUL	E 1104.
1.	1 1 3 1/117	If this is a re	nunst for allor	wable for a newly dril	And or dee;

if the is a request for entowable to a newly officed of the pwell, this form must be accompanied by a tabulation of the devictions taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for al side on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of or well name or number, or transporter, or other such change of condi-

Separate Forms C-104 must be filed for each pool in mult consolited wells.

OIL CONSERVATION DIVISION RECEIVED

Separate Forms C-104 must be filed for each pool in multi-completed wells.

EHGY AND MINEHALS DEPAREMEN	OIL CONSERV	ATION DIVISION	ON RECEIVED	Revised	10-1-70
FILE FIELD OF	P. O. BC	OX 2088 W MEXICO 8 7501			
U 1.U.1.			•		
TRANSPORTER OIL		OR ALLOWABLE AND SPORT OIL AND MATE	O. C. D.		
PROMATION OFFICE	AUTHORIZATION TO TRANS		JKAL GAS		
Yates Petro	leum Corporation				
207 South 4	th St., Artesia, NM 88210	Lod			
Reason(s) for filing (Check proper	Change in Transporter of:	Other (Pleas	ie explain)		
Recompletion	OII Dry G	FI.			
Change in Ownership give nar	ne	ensate [_]			·····
and address of previous owner.					
DESCRIPTION OF WELL A	Well No. Fool Name, Including F	ormation	Kind of Lease		Lease
Collins SW State	1 Pecos S1	ope Abo	State, Federal o	State	LG-24
	660 Feet From The North Lin	ne and660	Feet From Th	⊎ <u>West</u>	
Line of Section 25	T enable 4S Range 2	24E , NMPI	м, Chave	:S	Cou
DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL G	AS .			
Navajo Crude Oil Pu		Box 159, Arte		_	io de sentj
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address	to which approved	d copy of this form is i	to be sent;
Transwestern Pipeli If well produces oil or liquids, give location of traks.	ne Co. Unit Sec. Twp. Rge. D 25 4s 24e	Box 2521, Ho			wks
	with that from any other lease or pool,		er number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen F	Piug Back Same Res	s'v. Diff.
Designate Type of Compl	Date Compl. Ready to Prod.	X 1		P.B.T.D.	
4-1-82	4-22-82	4150'		4085 '	
Elevations (DF, RKE, RT, GR, etc. 3998 GR	Name of Producing Formation Abo	Top OII/Gas Pay 3647		Tubing Depth 3600 *	
Perforations			1	Depth Casing Shoo	
	3647-3970 TUBIRG, CASING, ANI	D CEMENTING RECO	<u>_</u>	4138'	
HOLE 517 E	CASING & TUBING SIZE	DEPTHS		SACKS CEN	MENT
24" 12-1/4"	20" 8-5/8"	30'		700	
7-7/8"	4-1/2"	4138		350	
	2-7/8"	3600			
TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be a nble for this de	fter recovery of icial voluments of the formula of the for full 24 hours	ume of load oil and *)	d must be equal to or a	exceed top
Date First New OII Han To Tonks	Date of Test	Producing Method (Fig.	ω, pump, gas lift,	etc.)	
Length of Test	Tubing Pressure	Casing Pressure		Chole Size	
Actual Prod. During Toot	CH-Bbla.	Water-Bbls.		Gas - MCF	
					<u> </u>
GAS WELL Actual Prod. Test-HCF/D	Length of Test	Bble. Condensate/MMC	F (Gravity of Condensate	
192	6 hrs	_		<u>-</u>	
Back Pressure	Tubing Pressure (Shut-in) 110	Casing Pressure (Shut	:-in)	Chok• Six• 1/2"	
CERTIFICATE OF COMPLIA		·	ONSERVATION	ON DIVISION	
thereby restlify that the sules at	nd regulations of the Oil Conservation	APPROVED			19
District have been complied w	ith and that the information given the best of my knowledge and belief.	.BY			
	• • • • • • • • • • • • • • • • • • •	TITLE			
	C.	1	o be filed In cor	mpliance with RULI	E 1104.
10 canda	1 3 = 11(1)	1	wast for allowab	de for a newly drill	ed or dee;
17		well, this form must test taken on the	well in accorda	INCO WITH RUCE TO	١.
	ng Secretary (Tule)	I shie on new and to	scompleted wells	be filled out comple a.	
4-23-8		Fill out only well name or number	Sections 1 II 1	III. and VI for cha-	ngest of or gentlemak
	(Dute)	II were named or manner			

	THEFT AND INCOME.	0.20	1,17	
1	AGY MIDITALS ()E PA	HH	MENT
]		1
	Differential	-]	
	SANTA FE]		
ļ	111.5	I		
	U.S.G.S.	<u> </u>		
- 1		i		•

4-23-82 (lare)

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501 APR 2 6 1982

O. C. D.

Fill out only Sections I, II, III, and VI for changes of or well name or number, or transporter, or other such change of cond.

Separate Forms C-104 must be filed for each pool in multicompleted wells.

TRANSPORTER OIL		R ALLOWABLE	ARTESIA, OFFICE		
GAR GPEHATOR	AUTHORIZATION TO TRANS	···•	RAL GAS		
Operator Yates Petro	leum Corporation			**************************************	
Address 207 South 4	th St., Artesia, NM 88210				
Reason(s) for tiling (Check proper		Other (Please	explain)		
New Well	Change in Transporter of:				
Recompletion	OII Dry Go				
Change In Ownership	Cavinghead Gax Conde	nsate			
If change of ownership give nar and address of previous owner.					
DESCRIPTION OF WELL A	ND LEASE Well No. Pool Name, including I	ormation	Kind of Lease	Leas•	
Collins SW State	1 Pecos S1		State, Federal or Fee State	LG-249	
Location			<u> </u>	1,10,49,	
Unit Letter D :	660 Feet From The North Lin	ne and <u>660</u>	Feet From The West		
Line of Section 25	T. whiship 4S Range 2	.4E , NMPM,	Chaves	Cour	
DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL GA	AS	which approved copy of this for	m is to be sent.	
Name of Authorized Transporter of		Box 159, Artes		m is to be semy	
Navajo Crude Oil Pu			which approved copy of this for	m is to be sent;	
Transwestern Pipeli	_	Box 2521, Hou	ston, TX 77001		
If well produces o l or liquids,	Unit Sec. Twp. Rge.	Is gas actually connecte:		-8 wks	
give location of tanks.	D 25 4s 24e	Yes	I		
If this production is commingled COMPLETION DATA	i with that from any other lease or pool,		.,		
Designate Type of Compl	etion - (X) Gas Well	New Well Workover	Deepen Plug Back Sam	ie Restv. Dill.	
	Date Compl. Hendy to Prod.	X Total Depth	P.B.T.D.	<u> </u>	
Date Spudded 4-1-82	4-22-82	4150'	4085'		
Elevations (DF, RAB, RI, GR, etc.		Top Oil/Gas Pay	Tubing Depth		
3998' GR	Abo	3647 '	3600'		
Perforations	3647-3970 '		Depth Casing Sho	De	
		CEMENTING RECORD)		
HOUE SIZE	CASING 6 TUBING SIZE	DEPTH SE	T SACKS	CEMENT	
24"	20"	30'	7(<u> </u>	
12-1/4" 7-7/8"	8-5/8" 4-1/2"	4138		700	
7-7/8	2-7/8"	3600'			
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volum	ie of load oil and must be equal:	to or exceed to;	
DIL WELL, Date First New CI. Run To Tonks	Date of Test	Producing Method (Flow.			
Leath of Te-1	Tubing Pressure	Casing Pressure	Chole Size		
Length of Test	Tabling Francis				
Actual Prod. During Tast	Cil-issia.	Water-Bbls.	Gas-MCF		
		<u></u>			
GAS WELL					
Actual Prod. Test-HCF/D	Length of Test	Bbls. Condensute/MMCF	Gravity of Conde	ned(e	
192 Testing Method (pirct, back pr.)	6 hrs Tubing Pressur (Shut-In)	Cusing Pressure (Shut-	in Choke Sixe		
Back Pressure	110	Packer	1/2"		
CERTIFICATE OF COMPLI		<u> </u>	NSERVATION DIVISION	J	
Division have been complied v	nd regulations of the Olf Conservation with and that the information given the best of my knowledge and belief.				
The second of the second secon	- · · · · · · · · · · · · · · · · · · ·	1 t			
2 ×		11			
1.	Do Mai	This form is to	to filed in compliance with	MULE 1104. drilled or deep	
- 16. auch	(contugal)	If the all the decision received	net for allowable for a newly be accompanied by a tabulat	TOU OF IVE DOLD	
Fradrond	ng Secretary	lests taken on the w	ell in accordance with RUL his form must be filled out c	E 1114	
	ug Secretary	All entions of t	ompleted wells.		
		()			