

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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
MANAGER	
FILE	
P.O.D.	
AND OFFICE	
TRANSPORTER	
OPERATION	
ADMINISTRATION OFFICE	
Operator	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Yates Petroleum Corporation ✓

RECEIVED

105 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Incompletion	<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)

JUN 06 '88

O.C.D.

ARTESIA, OFFICE

change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	State	Lease No.
Ultra UA State	1	Penjack Abo	State, Federal or Fee		LG-0199

Location	Unit Letter	E	1680	Feet From The	North	Line and	660	Feet From The	West
Line of Section	32	Township	9S	Range	26E	NMPM,	Chaves	County	

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒

Navajo Refg. Co.

Address (Give address to which approved copy of this form is to be sent)

PO Box 159, Artesia, NM 88210

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒

Transwestern Pipeline Co.

Address (Give address to which approved copy of this form is to be sent)

PO Box 1188, Houston, TX 77251-1188

Does well produce oil or liquids,  
give location of tanks.

Unit	Sec.	Twp.	Rge.
E	32	9s	26e

Is gas actually connected? When

YES

6-3-88

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'tv.	Diff. Res'tv.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
4-14-82	5-24-82	4750'	4668'					
Elevations (DE, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3731.4' GR	Abo	4332'	4284'					
Perforations			Depth Casing Shoe					
4332-4603'			4741'					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
24"	20"	40'	
12-1/4"	8-5/8"	900'	700
7-7/8"	4-1/2"	4741'	400
	2-7/8"	4284'	

## 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)

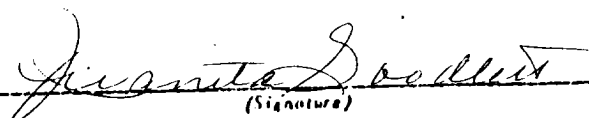
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
343	6 hrs	-	-
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	220	PKR	1/4"

## 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.



Production Supervisor

6-3-88

(Date)

## OIL CONSERVATION DIVISION

APPROVED JUL 11 1988, 19

BY Original Signed By

Mike Williams

TITLE Oil &amp; Gas Inspector

This form is to be filed in compliance with N.M.S. 1982.

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 N.M.S. 111.

All portions 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 conditions. This form must be filed for each pool in multiple.