

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-70

RECEIVED

SEP 8 1982

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

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"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <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

Lease Name Cornett TI	Well No. 1	Pool Name, including Formation Und: Pecos Slope Abo	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter A	: 660	Feet From The North	Line and 660	Feet From The East
Line of Section 3	T. and R. 8S	Range 26E	N.M.P.M. 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, NM 77001
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	A 3 8s 26e Yes approx 6-8 wks 11-2-82

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 8-4-82	Date Compl. Ready to Prod. 9-3-82	Total Depth 4850'	P.B.T.D. 4809'					
Elevations (DF, RKB, RT, CR, etc.) 3788' GR	Name of Producing Formation Abo	Top Oil/Gas Pay 4434'	Tubing Depth 4390'					
Perforations 4434-4598'			Depth Casing Shoe 4850'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	20"	40'	
14-3/4"	10-3/4"	996'	800
9-7/8"	4-1/2"	4850'	750
	2-3/8	4390'	

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)

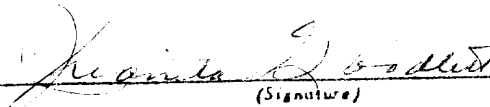
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 275	Length of Test 4 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (Shut-in) 250	Casing Pressure (Shut-in) Packer	Choke Size 1/2"

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.


(Signature)
Engineering Secretary
(Title)
9-3-82
(Date)

OIL CONSERVATION DIVISION
NOV 16 1982
APPROVED Original Signed By
Ledia A. Clements
BY Supervisor District II
TITLE

This form is to be filed in compliance with RULE 1104.
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 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 multiply completed wells.

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

RECEIVED

NOV 12 1982

O. C. D.
ARTESIA OFFICE

NOTICE OF GAS CONNECTION

DATE November 10, 1982

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

Cornett "TI"

Lease

Well #1 - Unit Letter "A"

Well Unit

3-8S-26E, Chaves County

S.T.R.

Pecos Slope (Abo)

Pool

Transwestern
Name of purchaser

was made on November 9, 1982

Transwestern Pipeline Company
Company



H. N. Aicklen

Representative

Supervisor Gas Purchase Contract Administration
Title

cc: Operator
Oil Conservation Division - Santa Fe