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ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
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SANTA FE	
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATION	GAS
PRODUCTION OFFICE	

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 _____

I. DESCRIPTION OF WELL AND LEASE		1/17/85 R-7785
Lease Name <u>Eureka UK State</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>S. PECOS SLOPE ABO</u>
		<u>Wildcat Abo GAS</u>
	Kind of Lease State, Federal or Fee	State
		Lease No. <u>LG-338</u>

Location	
Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u>	
Line of Section <u>20</u> T. <u>10S</u> Range <u>26E</u> , <u>NMPM</u> , <u>Chaves</u> County	

II. 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)
<u>Navajo Crude Oil Purchasing Co.</u>	<u>Box 159, Artesia, NM 88210</u>
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)
<u>Transwestern Pipeline Co.</u>	<u>Box 2521, Houston, TX 77001</u>
If well produces oil or liquids, give location of tanks.	Unit <u>D</u> Sec. <u>20</u> Twp. <u>10S</u> Rge. <u>26E</u>
	Is gas actually connected? <u>Yes</u> When approx <u>8-10 wks</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

III. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>6-3-82</u>	Date Compl. Ready to Prod. <u>7-21-82</u>
Elevations (DF, RKB, RT, GR, etc.) <u>3776.5' Gr</u>	Name of Producing Formation <u>Abo</u>
	Total Depth <u>4800'</u>
	Top Oil/Gas Pay <u>4393'</u>
Perforations <u>4393-4630'</u>	P.B.T.D. <u>4741'</u>
	Tubing Depth <u>4340'</u>
	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>14-3/4"</u>	<u>10-3/4"</u>	<u>942'</u>	<u>800</u>
<u>7-7/8"</u>	<u>4-1/2"</u>	<u>4800'</u>	<u>700</u>
	<u>2-3/8"</u>	<u>4340'</u>	

IV. 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 <u>86</u>	Length of Test <u>12 hrs</u>	Bbls. Condensate/MMCF <u>-</u>	Gravity of Condensate <u>-</u>
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>200</u>	Casing Pressure (Shut-in) <u>Packer</u>	Choke Size <u>3/16"</u>

V. 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.

Janita L. S. Stett
(Signature)
Engineering Secretary
(Title)
7-21-82
(Date)

OIL CONSERVATION DIVISION	
APPROVED _____, 19 _____	
BY _____	
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 forms C-104 must be filed for each pool in multiple completed wells.	