

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

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MAR 09 '88

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	☒
FILE	☒
FIELD	
LAND OFFICE	
TRANSPORTATION	☒
OIL	☒
NATURAL GAS	☒
OPERATION	
PRODUCTION OFFICE	

Operator Yates Petroleum Corporation		O. C. D. ARTESIA OFFICE
Address 105 South 4th St., Artesia, NM 88210		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well ☒	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	
Recompletion ☐		
Change in Ownership ☐		

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Monaghan QY Federal	Well No. 7	Pool Name, including Formation Pecos Slope Abo	Kind of Lease State, Federal or Fee Federal	Lease No. NM-14983
Location Unit Letter <u>C</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>2180</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>5S</u> Range <u>24E</u> , NMPM, <u>Chaves</u> County				

III. 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 77001			
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 27	Twp. 5S	Rge. 24E
	Is gas actually connected?		When 3-4-88	
	YES			

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest.	Diff. Rest.
		X	X					
Date Spudded 6-9-82	Date Compl. Ready to Prod. 8-14-82		Total Depth 4200'		P.B.T.D. 4141'			
Elevations (DIP, RKB, RT, GR, etc.) 4046.5' GR	Name of Producing Formation Abo		Top Oil/Gas Pay 3707'		Tubing Depth 3670'			
Perforations 3707-3865'					Depth Casing Shoe 4196'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		40'					
14-3/4"	10-3/4"		908'		700			
7-7/8"	4-1/2"		4196'		350			
	2-3/8"		3670'					

V. 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)

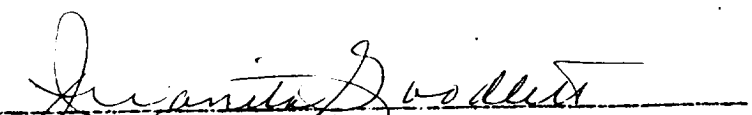
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 170	Length of Test 12 hrs	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pump, back pr.) Back Pressure	Tubing Pressure (Shot-In) 200	Casing Pressure (Shot-In) PKR	Choke Size 3/16"

VI. 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
(Date)
3-7-88
(Date)

OIL CONSERVATION DIVISION
APPROVED APR 05 1988, 19____
Original Signed By
BY Mike Williams
TITLE Oil & Gas Inspector

This form is to be filed in compliance with N.M.S. 1979.
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 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.