

OIL CONSERVATION DIVISION
RECEIVED BY
MAY -8 1987
O. C. D. REQUEST FOR ALLOWABLE
AND
ANTICUMULATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF TANKS RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATION	
PRODUCTION OFFICE	
Operator	

Yates Petroleum Corporation

Address

105 South 4th ST., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
River Bridge UX State	1	South Pecos Slope Abo	State, Federal or Fee State	LG 780
Location				
Unit Letter	E	1980 Feet From The	North Line and	660 Feet From The
Line of Section	2	Township	9S	Range
				25E
				NMPM,
				Chaves County

III. 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 Refining Co.				PO 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.				PO Box 2521, Houston, TX 77001
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	E	2	9S	25E
				Is gas actually connected?
				Yes
				When
				5-6-87

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 Res'v.	Diff. Res'
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10-18-82	11-14-82	4325'	4281'					
Elevations (DF, RKH, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3525' GR	Abo	3922'	3857'					
Perforations			Depth Casing Shoe					
3922-4069'			4325'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	20"	60'	
14-3/4"	10-3/4"	827'	700
7-7/8"	4-1/2"	4325'	625
	2-3/8"	3857'	

V. 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1584	3 hrs	-	-
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size
Back Pressure	240	PKR	1/2"

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.

OIL CONSERVATION DIVISION

JUN 3 0 1987

APPROVED _____, 19 _____

Original Signed By

BY _____

Les A. Clements

TITLE _____ Supervisor District II

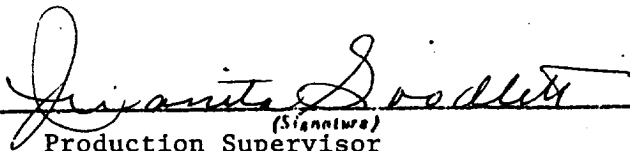
This form is to be filed in compliance with RULE 11.1.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 11.1.

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 multiple

(Signature)
Production Supervisor

5-6-87

(Date)