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OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	
REGISTRATION OFFICE	
OPERATOR	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Yates Petroleum Corporation ✓

Address 207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

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

If 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	NM 28304	Lease No.
Albitus TH Federal	2	Pecos Slope Abo	State, Federal or Fee	Federal	

Location

Unit Letter E ; 1980 Feet From The North Line and 990 Feet From The WestLine of Section 21 Township 7S Range 25E , NMPM, 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, TX 77001
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
E 21 7s 25e	Yes approx 8 wks 9-15-82

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	Some Res'v.	Diff. Res'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
1-7-83	1-29-83	4100'	4029'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3773.2' GR	Abo	3751'	3702'					
Perforations		Depth Casing Shoe						
3751-3967'		4095'						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	10-3/4"	905'	650
7-7/8"	4-1/2"	4095'	675
	2-3/8"	3702'	

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.)	
			Post ID-2 2-4-83 Camp & BR
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
340	3 hrs		
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	260	PKR	5/8"

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

1-31-83

(Date)

OIL CONSERVATION DIVISION

SEP 25 1984

APPROVED _____, 19

BY Original Signed By
Leslie A. Clements
TITLE Supervisor District II

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.

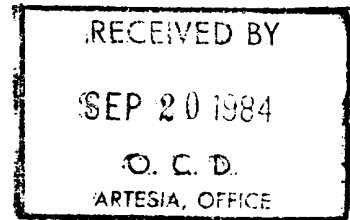
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filled for each pool in multiple completed wells.

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210



NOTICE OF GAS CONNECTION

DATE September 17, 1984

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

Albitus "T" H. Fesh.

Lease

#2

E

Well Unit

21-7S-25E

S.T.R.

Pecos Slope (Abo)

Pool

Transwestern
Name of Purchaser

was made on September 12, 1984

Transwestern Pipeline Company
Company

Rodney C. Burke Rodney C. Burke
Representative

Jr. Analyst, Contract Administration
Title

cc: Operator

New Mexico Oil Conservation Commission
Oil & Gas Conservation Division
P. O. Box 2088
Santa Fe, NM 87501

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI-
NY (Other, Instr. No.
verse side)

TE*
MISSION

Project Number No. 1004-0135
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL NO.

NM-28304-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen, or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	<div>RECEIVED BY JUL 11 1984 O. C. D. ARTESIA, OFFICE</div>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Yates Petroleum Corporation		8. FARM OR LEASE NAME Albitus "TH" Federal
3. ADDRESS OF OPERATOR 207 S. 4th, Artesia, NM 88210		9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface see attached map		10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21-T7S-R25E
		12. COUNTY OR PARISH Chaves
		13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <u>amend surface use plan</u>	

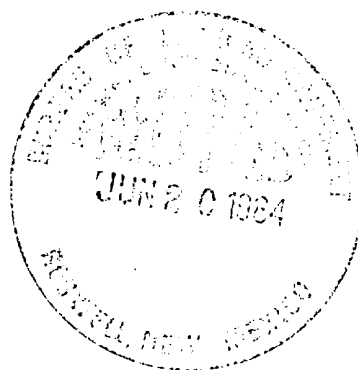
SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Amend surface use plan to include a 2-2 7/8" gas gathering line for the purpose of selling gas from the above referenced wells. As can be seen on the attached map, the line will be buried along the side of the access road until we cross onto private surface. At that point, the line will curve north towards the Albitus #4 well where Transwestern will set the meterhouse. Approximately 3700' on federal surface and 1700' on Spool Cattle Company private surface.



18. I hereby certify that the foregoing is true and correct

SIGNED Phil A. Kirk TITLE Regulatory Secretary DATE 6/13/84

(This space for Federal or State office use)

APPROVED BY Phil A. Kirk TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side