

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

I. Operator Yates Petroleum Corporation ☒

O. C. D.
ARTESIA OFFICE

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

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Geraldine VG Com</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Pecos Slope Abo</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location				
Unit Letter <u>29</u>	<u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u>			
Line of Section <u>29</u>	T. <u>6S</u>	Range <u>26E</u>	, NMPM, <u>Chaves</u> 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)
<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>F</u> Sec. <u>29</u> Twp. <u>6S</u> Rge. <u>26E</u>
Is gas actually connected?	When <u>approx 8-10 wks</u>

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 <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>10-23-82</u>	Date Compl. Ready to Prod. <u>11-29-82</u>	Total Depth <u>4145'</u>	P.B.T.D. <u>4140'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3660' GR</u>	Name of Producing Formation <u>Abo</u>	Top Oil/Gas Pay <u>4818' 3718'</u>	Tubing Depth <u>3654'</u>					
Perforations <u>3718-3975'</u>	Depth Casing Shoe <u>4145'</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>14-3/4"</u>	<u>20"</u>	<u>63'</u>						
<u>7-7/8"</u>	<u>10-3/4"</u>	<u>925'</u>	<u>700</u>					
	<u>4-1/2"</u>	<u>4145'</u>	<u>600</u>					
	<u>2-3/8"</u>	<u>3654'</u>						

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 <u>117</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>280</u>	Casing Pressure (Shut-in) <u>Packer</u>	Choke Size <u>3/16"</u>

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.

Juanita Goodlett
(Signature)
Production Supervisor
(Title)
12-1-82
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY Record Only
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 multiple completed wells.