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

RECEIVED BY
FEB 21 1985

O. C. D. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 type="checkbox"/> | Change name from: <u>Huckabay TJ Federal</u> to: <u>Huckabay TJ Federal</u> |
| 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 _____

| DESCRIPTION OF WELL AND LEASE | | Well No. | Pool Name, including Formation | Kind of Lease | Lease No. |
|-------------------------------|-----------|--|--------------------------------|--------------------------------------|-----------|
| Lease Name | | | | NM 18031 | |
| <u>Huckabay TJ Federal</u> | | <u>4</u> | <u>Pecos Slope Abo</u> | State, Federal or Fee <u>Federal</u> | |
| Location | | | | | |
| Unit Letter | <u>E</u> | <u>1980</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. ship <u>8S</u> | Range <u>26E</u> | , NMPM, <u>Chaves</u> County | |

| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | Address (Give address to which approved copy of this form is to be sent) | |
|---|------|--|---------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | | <u>Box 159 - Artesia, NM 88210</u> | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | | Address (Give address to which approved copy of this form is to be sent) | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. Rge. |
| | | | Is gas actually connected? When |

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 | Same Res'v. | Diff. Res'v. | |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | | Tubing Depth | | | |
| Perforations | | | Depth Casing Shoe | | | | | | |

| TUBING, CASING, AND CEMENTING RECORD | | | |
|--------------------------------------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | | | |

| TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL | | | |
|--|-----------------|---|------------|
| <i>(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)</i> | | | |
| 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-Bble. | Water-Bble. | Gas-MCF |

Prod ID-3
3-1-85
Edy Will Name

| GAS WELL | | | |
|-----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bble. Condensate/MMCF | Gravity of Condensate |
| Testing Method (spiral, back pr.) | Tubing Pressure (shot-in) | Casing Pressure (shot-in) | Choke Size |

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)
2-21-85
(Date)

OIL CONSERVATION DIVISION
FEB 26 1984

APPROVED _____, 19____

BY Leslie A. Clements
Supervisor District II

TITLE _____

This form is to be filed in compliance with RULE 1194.
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 multiply completed wells.