

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

OCT 16 '89

Santa Fe  
File  
Transporter  
Operator

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

ARTESIA, OFFICE

Operator Yates Exploration Co., Inc.	Well API No.
Address P.O. Box 0, Albuquerque, NM 87103	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Other (Please explain) <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Request Testing Allowable of 350 bbl. Change in Operator <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> for month of Dec., 1989 Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> 2217-2290 Sam Andrew	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Nasty	Well No. 1	Pool Name, Including Formation UND Race Track SA	Kind of Lease State, Federal or <input checked="" type="checkbox"/> XXX	Lease No.
Location Unit Letter L : 2280 Feet From The South Line and 330 Feet From The West Line Section 20 Township 10S Range 28E, NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Navajo Refinery	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O., Drawer 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas	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 L Sec. 20 Twp. 10S Rge. 28E	Is gas actually connected? When ?
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'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			

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 Tank	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/MNCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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.

Terrell A. Dobkins  
Signature  
Terrell A. Dobkins Engineer  
Printed Name  
10/11/89 Date  
(505) 622-0553 Title  
Telephone No.

OIL CONSERVATION DIVISION  
Date Approved OCT 12 1989  
By Mike Williams  
Title SUPERVISOR, DISTRICT II