

# Test Allocation Request

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

## OIL CONSERVATION DIVISION

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Yates Exploration Co. Inc.</b>	Well API No.
Address <b>P.O. Box 0 Albuquerque, NM 87103</b>	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Well Completion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change of operator give name and address of previous operator <input type="checkbox"/> Other (Please explain)	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Date of Request: <b>OCT - 9 '89</b> Office: <b>O. C. D.</b> Location: <b>ARTESIA, OFFICE</b>	

#### DESCRIPTION OF WELL AND LEASE

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

#### DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <b>Permian Corporation</b>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 3119, Midland, TX 79702</b>
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)
Well produces oil or liquids, location of tanks.	Unit <b>L</b>	Sec. <b>20</b>
	Twp. <b>10S</b>	Rge. <b>28E</b>
Is gas actually connected?		When?

If 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
<b>XXXX</b>	<b>XXXX</b>							
Date Spudded <b>10/25/88</b>	Date Compl. Ready to Prod. <b>8/21/89</b>	Total Depth <b>2312</b>		P.B.T.D. <b>2308</b>				
Productions (DF, RKB, RT, GR, etc.) <b>3764.2 GR</b>	Name of Producing Formation <b>San Andres</b>	Top Oil/Gas Pay <b>2217</b>		Tubing Depth <b>2254</b>				
Formations <b>2217 to 2290</b>		Depth Casing Shoe <b>comp + Bk</b>						

#### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12 1/4</b>	<b>8 5/8</b>	<b>330</b>	<b>40sx Class C</b>
<b>7 7/8</b>	<b>4 1/2</b>	<b>2308</b>	<b>100sx Class Cw/6#/sk</b>
	<b>2 3/8</b>	<b>2254</b>	<b>sa t</b>

#### TEST DATA AND REQUEST FOR ALLOWABLE

L 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 <b>8/2/89</b>	Date of Test <b>9/7/89</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hours</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <b>6.6</b>	Water - Bbls. <b>5.0</b>	Gas- MCF <b>TSTM</b>

#### AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

#### I. 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.

Signature: **Terrell A. Dobkins**  
 Printed Name: **Terrell A. Dobkins** Engineer  
 Date: **10/4/89**  
 Telephone No.: **(505) 622-0553**

#### OIL CONSERVATION DIVISION

Date Approved **APR 17 1990**

By **ORIGINAL SIGNED BY**  
**MIKE WILLIAMS**  
 Title **SUPERVISOR, DISTRICT II**

#### INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.