

OIL CONSERVATION DIVISION

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

clerk
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DP

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Yates Energy Corporation		Well API No. 30-005-62716
Address p.o. Box 2323 Roswell, NM 88202-2323		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Seymour State Com	Well No. 2	Pool Name, including Formation Pecos Slope Abo (gas)	Kind of Lease State, Federal or Fee	Lease No. L-6775
Location				
Unit Letter M	660	Feet From The South	Line and 1300	Feet From The West
Section 18	Township 9-S	Range 27-E	NMPM,	Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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 Company	P.O. Box 1188, Houston, Texas 77251-1188	
If well produces oil or liquids, give location of tanks	Unit	Sec.
	Twp.	Rge.
Is gas actually connected?		When?
Yes		12-29-90
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
		X		X		X		
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
	12-26-90		6253'		5975' CIBP			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3288.1 GL	Abo		4918'		4838'			
Perforations					Depth Casing Shoe			
4918' - 4938'								

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	8 5/8"	1025'	625 sx
7 7/8"	5 1/2"	6250'	2220 sx
	2 3/8"	4838'	
			Post ID-2
			2-1-91
			P&A Post-Perm
			comp. Abo


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/MMCF	Gravity of Condensate
466	24hrs	-0-	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut in)	Choke Size
4 pt. test	662	-0-	64/64"

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.

Signature 
Sharon R. Hamilton Landman
Printed Name Title
1-4-91 623-4935
Date Telephone No.

OIL CONSERVATION DIVISION

JAN 17 1991

Date Approved

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.