

OIL CONSERVATION DIVISION

DRAWER DD ARTESIA NM

DISTRICT OFFICE II

July thru December 1993

NO. XNN 2069 N

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE August 31, 1993

PURPOSE ALLOWABLE ASSIGNMENT - NEW OIL

Effective August 1, 1993 an allowable for a non-marginal (N80) well is hereby assigned to Yates Pet. Corp., Quincy AMQ State #1-E-12-8-27E in the Southeast Acme San Andres Pool.

L - S

MP - F

MW/mm

Yates Pet. Corp.

SPC

OIL CONSERVATION DIVISION

*Mike Williams*

DISTRICT SUPERVISOR



**LTR**



**Job separation sheet**

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

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

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

RECEIVED

AUG 20 1993

O. C. D.

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

I. Operator YATES PETROLEUM CORPORATION		Well API No. 30-005-62970
Address 105 South 4th St., Artesia, NM 88210		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		Other (Please explain) <b>CASINGHEAD GAS MUST NOT BE FLARED AFTER 10/20/93 UNLESS AN EXCEPTION TO RULE 306 IS OBTAINED</b>
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 operator give name and address of previous operator		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name Quincy AMQ State	Well No. 1	Pool Name, Including Formation South East Acme San Andres	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. V-2982
Location Unit Letter <u>E</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>12</u> Township <u>8S</u> Range <u>27E</u> , NMPM, Chaves County				

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

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4648 - Houston, TX 77210-4648	
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 E	Sec. 12
	Twp. 8S	Rge. 27E
	Is gas actually connected? no	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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded RH 7-26-93 RT 7-27-93	Date Compl. Ready to Prod. 8-6-93		Total Depth 2195'		P.B.T.D. 2195'			
Elevations (DF, RKB, RT, GR, etc.) 3958' GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 2143'		Tubing Depth 2091'			
Perforations 2143-2186'					Depth Casing Shoe 2195'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		10'		Cement to surface			
12-1/4"	8-5/8"		475'		250 sx - circulate			
7-7/8"	5-1/2"		2195'		250 sx			
	2-7/8"		2091'					

### 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.)		Producing Method (Flow, pump, gas lift, etc.) Flowing	
Date First New Oil Run To Tank 8-6-93	Date of Test 8-6-93	Casing Pressure	Choke Size 18/64"
Length of Test 24 hours	Tubing Pressure 500	Water - Bbls. 12 BLW	Gas - MCF 426
Actual Prod. During Test 137	Oil - Bbls. 125		

### GAS 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

### 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 Rusty Klein  
Printed Name Rusty Klein Title Production Clerk  
Date August 20, 1993 Telephone No. (505) 748-1471

### OIL CONSERVATION DIVISION

AUG 31 1993

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.