

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED BY
MAR 06 1984
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE		<input checked="" type="checkbox"/>
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U.S.O.B.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		<input checked="" type="checkbox"/>
PRODUCTION OFFICE		
Operator		

Yates Petroleum Corporation
Address
207 S. 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of: Oil Dry Gas
 Recompletion Casinghead Gas Condensate Pumping
 Change in Ownership

If change of ownership give name and address of previous owner: Newmont Oil Company PO Box 1305 Artesia, NM 88210

DESCRIPTION OF WELL AND LEASE
 Lease Name: Bruning Unit Well No.: 2 Pool Name, including Formation: Square Lake G. SA Kind of Lease: Federal Lease No.: LC-060543
 Location: Unit Letter F, 1980 Feet From The North Line and 1980 Feet From The West
 Line of Section 29 Township 16S Range 31E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate : Navajo Refining Address: PO Box 175 Artesia, NM 88210
 Name of Authorized Transporter of Casinghead Gas or Dry Gas : Address: _____
 If well produces oil or liquids, give location of tanks: Unit F, Sec. 29, Twp. 16, Rge. 31 Is gas actually connected? Yes

COMPLETION DATA
 Designate Type of Completion -- (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Restv. Diff. Rest
 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 (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 Tanks: _____ Date of Test: _____ Producing Method (Flow, pump, gas lift, etc.): Post. ID-3
 Length of Test: _____ Tubing Pressure: _____ Casing Pressure: _____ Choke Size: 3-16-84
 Actual Prod. During Test: _____ Oil - Bbls.: _____ Water - Bbls.: _____ Gas - MCF: chg. 0.10

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: _____

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.
 Terri B. Gleghorn
 Production Clerk
 3-1-84

OIL CONSERVATION DIVISION
 MAR 13 1984
 APPROVED _____, 19____
 BY: ORIGINAL SIGNED BY LARRY BROOKS GEOLOGIST - NMOCD
 TITLE: _____
 This form is to be filed in compliance with RULE 1102.
 If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for all wells on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition. This form must be filed for each pool in multi-