

STATE	1
TITLE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	1
PERMITTING OFFICE	

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

DEC 13 1979

Operator Yates Petroleum Corporation O.C.C. ARTESIA, OFFICE

Address 207 South 4th Street - Artesia, NM 88210

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
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 ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name SRC KZ State	Well No. 5	Pool Name, including Formation <u>U.S.A.</u> Pena sco Draw S.A. Yeso	Kind of Lease State, Federal or Fed State	Lease No. L-2919
Location ASSOC				
Unit Letter A	: 990	Feet From The North Line and	330	Feet From The East
Line of Section 1	Township 19S	Range 24E	N.M.P.M.	Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Company	No. Freeman Ave. - Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Yates Petroleum Corporation	207 South 4th Street - Artesia, NM 88210
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. is gas actually connected? When
G 1 19S 24E	Yes 12-4-79

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Pres'y.	Diff. Res'y.
Date Spudded 10-9-79	Date Compl. Ready to Prod. 12-4-79	Total Depth 3100'	P.B.T.D. 3090' KB					
Elevations (DF, RKB, RT, GR, etc.) 3663	Name of Producing Formation Yeso	Top Oil/Gas Pay 2427' 2426'	Tubing Depth 2726'					
Perforations 2426-2746'	Depth Casing Shoe 3091'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	10-3/4"	312'	290
9-7/8"	7"	1005'	610
6 1/2"	4 1/2"	3091'	275
	2-3/8"	2726'	

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 12-4-79	Date of Test 12-10-79	Producing Method (Flow, pump, gas lift, etc.) Pumping	Posttest Book ED 2 14-79
Length of Test 24	Tubing Pressure 16	Casing Pressure 16	Choke Size 12 1/4" N20/11PC
Actual Prod. During Test 18.5	Oil-Bbls. 14	Water-Bbls. 4.5	Gas-MCF 25.5

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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Christine Tomlinson
(Signature)
Christine Tomlinson-Geol. Secty
(Title)
12-11-79
(Date)

OIL CONSERVATION COMMISSION
DEC 13 1979
APPROVED BY W.A. Gressett
TITLE SUPERVISOR, DISTRICT II
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition.