HIGY AND MINITHALS DEPARTMENT

OUTSINGSTION

FANTA FE

WE U.S.

LAND DEFECE

THANSPORTER OIL

OFFICE

11-12-84

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PROBATION OFFICE	AUTHORIZATION TO TRACE	ON TOLE AND NATOWAL GAS	
Yates Petrole	um Corporation		
207 South 4th	St., Artesia, NM 88210		
Reason(s) for liling (Check proper box		OII CASINGHEAD' GA	S MUST NOT RE
N•₩₩•II (X) RE-ENTR		1 - 単紀はたのは さだよ的経っ	////XD
Recompletion	OII DIY GOIL UNITED AN INCEPTION TO RACTO		
Change In Ownership	Casinghead Gas Conder	IS OBTAINED.	
Change of ownership give name nd address of previous owner	07800		
	K G 11 h	e Draw-Permole	nn 2-1-85
DESCRIPTION OF WELL AND	LEASE Cight had	ormation Kind of Leas	c Leane 14
Lonestar AAI State	1 Wildcat	State, l'edera	nor Fee State E-1952
Location		<u></u>	LG-2247
	O Feel From The South Lin	and 1980 Feet From	ThoWest
Line of Section 19 To	ship 118 Range	35E , NMPM,	Lea County
SOLOW TO LOS TO ANCHOR	TER OF OIL AND NATURAL GA	ıs	
Nome of Authorized Transporter of Cit	or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)
Navajo Refining Co.		Box 159, Artesia, NM 88210	
Name of Authorized Transporter of Ca	singhead Gas 🔃 🛮 or Dry Gas 📋	Address (Give address to which appro	eved copy of this form is to be sent)
		100	
li well produces oil or liquida,	Unit Sec. Twp. Rge.		en
give location of tanks.	K 19 11s 35e		
	th that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Bacz Same Hesty, Diff. Rost
Designate Type of Completi	on $-(X)$ X	X	1
Date Spudded Re-Entry	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-24-84	11-5-84	10636'	Tubing Depth
Elevations (DF, RKE, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	
4139.6' GR	Permo Penn	10373'	Depth Casing Shoe
Perforations 10373-95*			10411'
103/3-93	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	13-3/8"	411'	400
17-1/2" 11"	8-5/8"	4100'	500
7–7/8''	5-1/2"	10411'	950
	2-7/8"	10317'	to a the equal to or exceed top allo
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a oble for this de	ifter recovery of total volume of load of epth or be for full 24 hours)	land must be equal to or exceed top allo
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas I	ift, etc.)
10-30-84	11-5-84	Pumping	
Length of Test	Tubing Piessure	Casing Pressure	Choke Size
24 hrs	32#	32#	Open GaMCF
Actual Prod. During Test	Oll-Bbls.	Water-Bbls.	40
157	37	120	1 40
GAS WELL Actual Frod. Tool-MCF/D	Langth of Tast	Bbls. Condensate/AMCF	Gravity of Condensate
		Cosing Pressure (Shut-in)	Choke Sire
Testing Method (pitor, back pr.)	Tubing Pressure (shut-in)	Cosing Presents (Blue 22)	
ALL YOUR ON COLUMN	ior	OIL CONSERVA	TION DIVISION
CERTIFICATE OF COMPLIAN	(Cr.	11	5 1984
in it is a second	regulations of the Oil Conservation	APPROVED NOV	19 100 1
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.		Eddie W. Segy	
		Oil & Gas Inspector	
		TITLE	
()	<i>(</i>)	If This form is to be itted in	compliance with RULE 1991.
A TAMENT			amoble for a nawly drilled or deepen
1Sia	ngiure)	well, this form must be accomp	ordance with MULE 111.
✓ Produ	oction Supervisor	Attachtions of this form	nuat be filled out completely for alle
(?	(ile)	able on new and recompleted	relia.

Fift out only Sections I. H. III. and VI for changes of owne well name or number, or transporter or other such change of condition

Separate Forms C-104 must be filed for each pool in multiple completed wells.