

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
ARTS & FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator Yates Petroleum Corporation

Address 207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

Request 2500 bbls test allowable.
Perforations 10373-95'If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Lonestar AAI State	Well No. 1	Pool Name, including Formation Wildcat	Kind of Lease State, Federal or Fee State	Lease ID E-1952 LG 2247
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Location

Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The WestLine of Section 19 Township 11S Range 35E , NMDM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Co.	Box 159, Artesia, NM 88210

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
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If well produces oil or liquids, give location of tanks.	Unit K	Sec. 19	Twp. 11s	Rge. 35e	Is gas actually connected? When
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FRAC TANK

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same as Test III, IV, V
Date plugged	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.		
Deviations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Key		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
IF WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil
able for this depth or be for full 24 hours)

Oil First New Oil Run To Tanks	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

AS 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.

Production Supervisor

10-31-84

(Date)

OIL CONSERVATION DIVISION

NOV - 5 1984

APPROVED

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 11.1.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 11.1.

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 conditions.

Form C-104 must be filed for each pool in multiple.