

OIL CONSERVATION DIVISION  
P. O. BOX 7088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |            |
|------------------------|------------|
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| SANTA FE               |            |
| FILE                   |            |
| U.S.D.S.               |            |
| LAND OFFICE            |            |
| TRANSPORTER            | OIL<br>GAS |
| OPERATION              |            |
| PRODUCTION OFFICE      |            |

I. 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 ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)  
Casinghead gas connection.

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

|   |               |   |   |                       |
|---|---------------|---|---|-----------------------|
| Lease Name<br>Weistrop ABB Federal  | Well No.<br>1 | Pool Name, including Formation<br>North Chaveroo Permo Penn | Kind of Lease<br>State, Federal or Fee<br>Federal | Lease No.<br>NM-56748 |
| Location<br>Unit Letter <u>I</u> : 1980 Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u><br>Line of Section <u>10</u> Township <u>7S</u> Range <u>33E</u> , NMPM, <u>Roosevelt</u> 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"/><br>Navajo Refining Co.          | Address (Give address to which approved copy of this form is to be sent)<br>PO Box 159, Artesia, NM 88210 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Warren Petroleum Co. | Address (Give address to which approved copy of this form is to be sent)<br>PO Box 1589, Tulsa, OK 74101  |
| If well produces oil or liquids, give location of tanks.<br>Unit <u>I</u> Sec. <u>10</u> Twp. <u>7s</u> Rge. <u>33e</u>                          | Is gas actually connected? <u>Yes</u> When <u>4-18-85</u>   |

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                    | Gas Well | New Well        | Workover | Deepen            | Plug Back | Some Rest'n. | Diff. Re |
| 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 |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

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 of hole 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.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   | Gas-MCF    |

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. 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.

*Ryanita Lovell*  
(Signature)

Production Supervisor

(Title)

4-23-85

(Date)

OIL CONSERVATION DIVISION  
APPROVED APR 30 1985, 19\_\_\_\_  
BY ORIGINAL SIGNED BY EBBY GAYTON  
DISTRICT I 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 deep well, this form must be accompanied by a tabulation of the devils tests taken on the well in accordance with RULE 11.1.

All sections of this form must be filled out completely for a well 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 conditions.

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