

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|---|---|---|
| Operator YATES PETROLEUM CORPORATION | | Well API No. 30-005-20869 |
| Address 105 South 4th St., Artesia, NM 88210 | | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | | |
| New Well <input type="checkbox"/> | Change in Transporter of: | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> | <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Operator <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> |
| EFFECTIVE NOVEMBER 1, 1993 - OIL EFFECTIVE JULY 1, 1993 - GAS | | |
| If change of operator give name and address of previous operator | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|--|-------------------------|
| Lease Name Union SI Federal | Well No. 6 | Pool Name, including Formation Tomahawk SA | Kind of Lease State, Federal or Fed/ State | Lease No. NM-0558018 |
| Location | | | | |
| Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line | | | | |
| Section <u>1</u> Township <u>8S</u> Range <u>31E</u> , NMPM, <u>Chaves</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"/> Scurlock-Permian Corporation | Address (Give address to which approved copy of this form is to be sent) PO Box 4648, Houston, TX 77210-4648 | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation | Address (Give address to which approved copy of this form is to be sent) PO Box 1589, Tulsa, OK 74101 | |
| If well produces oil or liquids, give location of tanks. | Unit C | Sec. 1 |
| | Twp. 8 | Rge. 31 |
| | Is gas actually connected? Yes | When ? 11-18-83 |
| 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 | Same Res'v | Diff Res'v |
| 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 allowable for this depth or be for full 24 hours.)

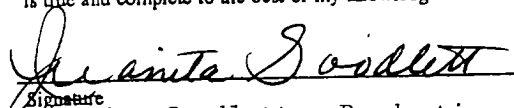
| | | | |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | 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. OPERATOR 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.


Signature
Juanita Goodlett - Production Supervisor
Printed Name
10-25-93
Date

505/748-1471
Telephone No.

OIL CONSERVATION DIVISION

OCT 27 1993

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title