

L CONSERVATION DIVISION
P. O. BOX 2388
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Operator
Conoco Inc.

Address

P. O. Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other P. O. Box 460, Hobbs, New Mexico 88240
Casinghead Gas MUST NOT BE
FLARED AFTER 3/1/84
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Yoakum	Well No. 1	Pool Name, Including Formation Chaveroo San Andres	Kind of Lease State, Federal or Fee	Lease
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>15</u> Township <u>8S</u> Range <u>33E</u> , NMPM, Chaves				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2587, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 15	Twp. 8S	Rge. 33E	Is gas actually connected? No	When

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well * <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. P. <input type="checkbox"/>
Date Spudded 10-16-83	Date Compl. Ready to Prod. 12-12-83		Total Depth 4500'		P.B.T.D. 4444'			
Elevations (DF, RKB, RT, CR, etc.) 4389' GR.	Name of Producing Formation San Andres		Top Oil/Gas Pay 4286'		Tubing Depth 4396'			
Perforations 4286'-4387'					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	1875'	850 Sx.
7-7/8"	5-1/2"	4500'	1175 Sx.
	2-3/8"	4396'	

IV. 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 12-12-83	Date of Test 1-8-84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 120	Oil-Bbls. 30	Water-Bbls. 90	Gas-MCF 14

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

V. 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.

Administrative Supervisor

January 12, 1984

OIL CONSERVATION DIVISION

APPROVED JAN 16 1984, 19

BY ORIGINAL SIGNED BY EDDIE SEAY
TITLE OIL & GAS INSPECTOR

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 all wells 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 Forms C-104 must be filed for each pool in multi-completed wells.

RECEIVED
JAN 13 1984
H. D.
HALL OFFICE

CONOCO INC.

P. O. Box 460
Hobbs, New Mexico

New Mexico Oil Conservation Division
P. O. Box 1980
Hobbs, New Mexico 88240

Gentlemen:

In compliance with New Mexico Oil Conservation Division
Rule III, we are submitting below a list of deviation surveys taken
on Conoco Inc. Yoakum No. 1,
located Unit K Section 15, Township 8S, Range 33E,
Chaves County, New Mexico.

<u>DEPTH</u>	<u>DEGREE</u>	<u>DEPTH</u>	<u>DEGREE</u>	<u>DEPTH</u>	<u>DEGREE</u>
<u>274'</u>	<u>1/2°</u>	<u>3294'</u>	<u>3/4°</u>	_____	_____
<u>513'</u>	<u>1/2°</u>	<u>3785'</u>	<u>3/4°</u>	_____	_____
<u>772'</u>	<u>1/2°</u>	<u>4240'</u>	<u>3/4°</u>	_____	_____
<u>1027'</u>	<u>3/4°</u>	<u>4500'</u>	<u>1/2°</u>	_____	_____
<u>1213'</u>	<u>3/4°</u>	_____	_____	_____	_____
<u>1452'</u>	<u>1°</u>	_____	_____	_____	_____
<u>1458'</u>	<u>1°</u>	_____	_____	_____	_____
<u>1699'</u>	<u>1°</u>	_____	_____	_____	_____
<u>1875'</u>	<u>3/4°</u>	_____	_____	_____	_____
<u>2330'</u>	<u>1/2°</u>	_____	_____	_____	_____
<u>2828</u>	<u>1/2°</u>	_____	_____	_____	_____

Yours very truly,

David L. Luger

Subscribed and sworn to before me, a Notary Public, in and for Lea County,
New Mexico, this 12th day of January, 19 87.

9-12-87
My Commission Expires

David L. Luger
Notary Public