

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 REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.C.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Yates Petroleum Corporation

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

Reason(s) for filing (Check proper box)	Oil- <input checked="" type="checkbox"/> CASINGHEAD GAS MUST NOT BE FLARED AFTER 1/18/84 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Coalinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	

If change of ownership give name and address of previous owner: THIS WELL HAS BEEN PLACED IN THE POOL DESCRIBED BELOW. IF YOU DO NOT CONCUR

DESCRIPTION OF WELL AND LEASE				
Lease Name Cone State	Well No. 2	Pool Name, Including Formation Tom Tom SA R-7437	Kind of Lease State, Federal or Fed	State LG 1520

Location Unit Letter I ; 1980 Feet From The South 1 line and 660 Feet From The East

Line of Section 2 Township 8S Range 31E N.M.P.M. Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil (X) or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Co.	P.O. Box 159, Artesia, NM 88210
Name of Authorized Transporter of Coalinghead 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 H	Sec. 2	Row 8	Range 31	Is gas naturally compressed? No	When
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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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Re-completer <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Core Barrel <input type="checkbox"/>
Date Operated 9-15-83	Date Compl. Ready to Prod. 11-21-83	Total Depth 4307'	H.B.T.D. 4231'				
Equivalent (OIL, N.G., G., GR, etc.) 4373.4' GR	Name of Producing Formation San Andres	Top of Casing Log 3961'	Tubing Depth 4160'				
Performance 3961-4123'			Depth Casing Shoe 4307'				

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"	DEPTH SET 1670'	SACKS CEMENT 750
7-7/8"	4-1/2"	4307'	300
	2-3/8"	4160'	

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 11-18-83	Date of Test 11-21-83	Producing Method (Flow, pump, gas lift, etc.) Pumping
Length of Test 24 hrs	Tubing Pressure 18#	Casing Pressure -
Actual Prod. During Test 59	Oil-Bbls. 9	Water-Bbls. 50
		Gas-MCF 5

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Check 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
Production Supervisor
11-23-83

OIL CONSERVATION DIVISION

APPROVED. NOV 30 1983

BY ORIGINAL SIGNED BY EDDIE SEAY

TITLE OIL & GAS INSPECTOR

This form is to be filed in compliance with Rule 7-1104

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate 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 Form C-104 must be filed for each pool in multi-

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RECEIVED
NOV 29 1983
O.C.D.
HOBBS OFFICE