STATE OF NEW MEXICO

IGY AND MINET	ALS U	HPY	1111	VII.
	11.10			
DISTRIBUTIO) N			
BANTAFE				
7 IL 8				l
U 1.0.1.		l		ł
LAND OFFICE				
TRAKIFORTER	DIL			
OPERATOR				
PROBATION OFF	IC E	l	1	

OIL CONSERVATION DIVISION P. O. DOX 2088 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND

CAL	41.7. (0D) 7. TIDU 70 YD	ANTOORT OIL AND MATHRAL CAS			
DEFRATOR	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL GAS			
PROBATION OFFICE					
Yates Drill	ing Company				
Address		21.0			
	th St., Artesia, NM 88	210			
reason(s) for tiling (Check proper bo	4	Basinghead 'Ga	as must not be		
New Well X	Change in Transporter of: FLARED AFTER				
necompletion	Controlled Gos Condensate UNLESS AN EXCEPTION TO R-4070				
Change in Ownership	Castnghead Gas C	condensate I IS OBTAINED.			
change of ownership give name					
nd address of previous owner					
THE PERSON OF WELL AND	A F TACE				
ESCRIPTION OF WELL AND	Well No. Pool Name, Includ		Voc.		
Phyllis	1 \$outheast.Ch	aves On Gas Area Stote, Fed	teral or Fee Fee		
ceciton					
Unii Letter L : 23	10 Feet From The South	_Line and Feet Fro	om The West		
Unit Letter					
Line of Section 3 To	ownship 13E Range	- 31E , NMPM, Chave	S County		
ESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL	L GAS	proved copy of this form is to be sent;		
Name of Authorized Transporter of C	II 🔯 or Condensate 🗌				
Navajo Crude Oil Purc	hasing Co.	Box 159 Artesia. NM	Box 159 Artesia NM 88210 Address (Give address to which approved copy of this form is to be sent)		
The classifier in the specific of the specific			· ·		
Cabot Corporation	Unit Sec. Twp. Rg.		Box 335, Rt. A, Hobbs, NM 88240 Is gas actually connected? when Negoitating for		
i well produces oil or liquids,	L 3 13s 3	1	gas connection.		
give location of tanks.	<u></u>		847 9 4 11 11 11 11 11 11 11 11 11 11 11 11 1		
this production is commingled w	ith that from any other lease or j	pool, give commingling order number:			
OMPLETION DATA	Oil Well Gas W	ell New Well Workover Deepen	Plug Back Same Resty, Diff. Rest		
Designate Type of Complet	ion = (X) X	\ X			
Nite Speeded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
4-13-84	6-1-84	2825'	2809'		
levotions (DF, RKB, RT, GR, etc.,	Mame of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
4144' GR	Queen	2681'	Depth Casing Shoe		
Fe:forations			2806'		
2681-95'					
		, AND CEMENTING RECORD	SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE		250		
12-1/4"	8-5/8"	370' 2805'	235		
7-7/8"	5-1/2"	2630'			
	2-3/8"	2030			
	TOTAL CUIADIE (Total	the effective of social values of load	oil and must be equal to or exceed top allo		
EST DATA AND REQUEST	FOR ALLOWABLE Trest must able for t	his depth or be for full 24 hours)			
IIL WELL Cote First New Oil Run To Tonks	Date of Test	Producing Method (Flow, pump, ga	is lift, etc.)		
5-9-84	6-1-84	Flowing			
Length of Test	Tubing Pressure	Casing Pressure	Choie Size		
24 hrs	45#		1/4"		
Actual Prod. During Tool	Oil-Bble.	Water-Bbls.	Ga•-MCF 160		
40	40	0	100		
GAS WELL			Gravity of Condensate		
Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Grand, or Garage		
		(shuta(n)	Choke Size		
Resting Method (pirot, back pr.)	Tubing Presewe (Shut-in)	Cosing Freesure (Shut-in)			
		2 2211223	MATION DIVISION		
CERTIFICATE OF COMPLIA	NCE	il.	VATION DIVISION		
		APPROVEDJUN 6	1984		
hereby certify that the rules and	d read minns of the Oll Conserve	ation AFFROYED			
	th and that the information give he best of my knowledge and be	ORIGINAL SIGNI	ED BY JERRY SEXTON		
ibose is ting and complete to a	National Control	TITLE	I SUPERVISOR		
	·				
}	5	This form is to be filed in compliance with mute ting. If this is a request for allowable for a newly drilled or deep			
HIL anda	2) to dell				
(Signature)		II assas anthro on the Well III &	well, this form must be accompanied by		
Production Supervisor		Att ancilons of this form	Att actions of this form must be filled out completely for all		
(Yule)		able on new and recompletes	able on new and recompleted water		
6-4-84		It was name or number of using	101101111		
(Date)	WELL DETILE OF HUMBER OF TOX	must be filed for each pool in multi-		

well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply.

JUN 5 1984 HORRS OFFICE