

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 RECEIVED	
DISTRICT OFFICE	
SANTA FE	
FILE	
U.S.D.	
LAND OFFICE	
TRANSPORTED	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

I. OPERATOR
Yates Petroleum Corporation
Address
207 South 4th, Artesia, NM 88210

Reason(s) for filing (Check proper box)		Change in Transporter of:		Casinghead Gas MUST NOT BE FLARED AFTER 8/1/85 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
New Well <input checked="" type="checkbox"/>		Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>		Casinghead 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 DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE	Lease Name Big Sky "ABY" State	Well No. 1	Pool Name, including Formation Tobac Penn R-7996 8-6-85	Kind of Lease State, Federal or Fee State	Lease No. LG-2662
Location Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line of Section 26 Township 8S Range 33E, NMPM, Chaves 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"/> Tesoro Crude Oil Co.			Address (Give address to which approved copy of this form is to be sent) P.O. Box 2297, Midland, TX 79702		
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 M	Sec. 26	Twp. 8s	Rge. 33e	Is gas actually connected? When No

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 <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'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 2-27-85	Date Compl. Ready to Prod. 5-28-85	Total Depth 9406'		P.B.T.D. 9342'					
Elevations (DF, RKB, RT, GR, etc.) 4348' GR	Name of Producing Formation Bough C	Top Oil/Gas Pay 9284'		Tubing Depth 9228'					
Perforations 9284-94'				Depth Casing Shoe 9406'					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	33'	
17 1/2"	13-3/8"	385'	375
12 1/4"	8-5/8"	3870'	1050
7-7/8"	5 1/2"	9406'	1685
	2-7/8"	9228'	

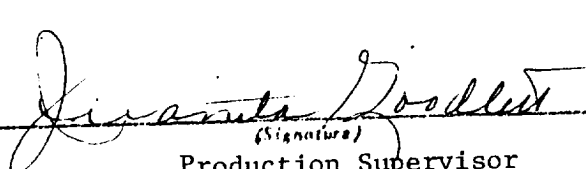
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 5-11-85	Date of Test 5-28-85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 30#	Casing Pressure 30#	Choke Size Open
Actual Prod. During Test 381	Oil-Bbls. 143	Water-Bbls. 238	Gas-MCF 45

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
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.


(Signature)
Production Supervisor
(Date)
6-3-85
(Date)

OIL CONSERVATION DIVISION
JUN 10 1985
APPROVED _____
BY _____ ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1100.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation 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 own well name or number, or transporter, or other such change of condition. Separate Form C-104 must be filed for each pool in multi-

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JUN - 6 1985

O.C.D.
HOBBS OFFICE