

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

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SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Yates Petroleum Corporation

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

Reason(s) for Filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <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.

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>Hanladdie WR State</u>	<u>1</u>	<u>Saunders Permo-Upper Penn</u>	<u>State, Federal or Fee</u> <u>State</u>	<u>K-6444</u>
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>9</u>	Township <u>14S</u>	Range <u>33E</u>	NMPM, <u>Lea</u>	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Navajo Crude Oil Purchasing Co.</u>	<u>Box 159, Artesia, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Warren Petroleum Co.</u>	<u>Box 1589, Tylsa, OK 74101</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When approx 1-2 weeks
<u>K</u> <u>9</u> <u>14s</u> <u>33e</u>	<u>Yes</u>

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

COMPLETION DATA									
Designate Type of Completion - (X)									
<input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v.									
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
<u>1-5-83</u>	<u>3-6-83</u>	<u>10220'</u>			<u>10159'</u>				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
<u>4235' GR</u>	<u>Upper Penn</u>		<u>9949½'</u>			<u>9979'</u>			
Perforations <u>9949½-76'</u>					Depth Casing Shoe <u>10201'</u>				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	440'	450
9-1/4"	8-5/8"	4200'	1850
7-7/8"	5-1/2"	10201'	950
	2-7/8"	9979'	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>3-5-83</u>	<u>3-6-83</u>	<u>Pumping</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hrs</u>	<u>25#</u>	<u>25#</u>	<u>2"</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>400</u>	<u>224</u>	<u>176</u>	<u>237</u>

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

CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
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.	APPROVED <u>MAR 10 1983</u> , 19____
	BY <u>ORIGINAL SIGNED BY JERRY SEXTON</u>
	<u>DISTRICT SUPERVISOR</u>
	TITLE _____

(Signature)  
Production Supervisor

(Title)  
3-8-83

(Date)

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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

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

RECEIVED

MAR 9 1997

G.C.B.  
HOBBS DEPOT