

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Yates Petroleum Corporation

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

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☒ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Effective 2-24-84

Change of ownership give name
Address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name Hanladdie WR State Well No. 3 Pool Name, Including Formation Saunders Permo-Upper Penn Kind of Lease State, Federal or Fee State Lease No. K-6444

Section 16 Township 14S Range 33E, NMPM, Lea County
Distance F 2310 Feet From The North Line and 2310 Feet From The West

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil ☒ or Condensate ☐
Texas New-Mexico Pipeline Co. Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240
Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Warren Petroleum Co. Box 1589, Tulsa, OK 74101Well produces oil or liquids, sell volume of barrels Unit Sec. Twp. Rge. Is gas actually condensed? When
K 9 14s 33e Yes 10-16-83

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

COMPLETION DATA

Designate Type of Completion -- (X) ☒ Full well ☐ Gas well ☐ New well ☐ Workover ☐ Deepen ☐
Date Depth (feet) to Prod. Total Depth F.B.T.D.
Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

Test New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Pressure at Test	Tubing Pressure	Casing Pressure	Choke Size
Pressure During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke 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

3-19-84

(Date)

OIL CONSERVATION DIVISION

MAR 23 1984

APPROVED _____, 19__

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with Rule 111.
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 owner, 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.

11/11/83
11/11/83

RECEIVED
MAR 22 1984
O.C.D.
HOBBS OFFICE

OIL CONSERVATION DIVISION
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SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
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AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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Yates Petroleum Corporation

Address

207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Casinghead gas connection.

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Hanladdie WR State	3	Saunders Permo Upper Penn	State, Federal or Fee State	K-6444

Location

Unit Letter F : 2310 Feet From The North Line and 2310 Feet From The WestLine of Section 16 Township 14S Range 33E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	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 Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Co.	P.O. Box 1589, Tulsa, OK 74101

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	9	14s	33e	Yes	10-16-83

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	Gas well	New Well	Workover	Deepen	Plug Back	Same Restv. Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (DF, RLB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Perforations			Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

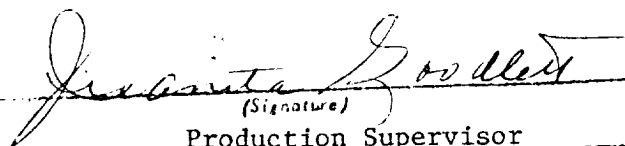
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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


(Signature)

Production Supervisor

(Title)

1-5-84

(Date)

OIL CONSERVATION DIVISION

JAN 9 1984

APPROVED _____, 19__

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1102

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 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.

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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Yates Petroleum Corporation

Address

207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well	☒	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 12-3-83
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**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.
Hanladdie WR State	3	Saunders Permo Upper Penn	State, Federal or Fee State	K-6444

Location

Unit Letter F ; 2310 Feet From The North Line and 2310 Feet From The WestLine of Section 16 Township 14S Range 33E , N.M.P.M., Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	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 Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Co.	P.O. Box 1589, Tulsa, OK 74101

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When approx.
	K	9	14s	33e	No	10-12-83

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

COMPLETION DATA

Designate Type of Completion - (V)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same as before
	☒		☒				
Date completed	Date completed by to Prod.		Total Depth		P.B.T.D.		
8-28-83	10-5-83		10209'		10124'		
Elevations (DI, K.A.B., RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
4221.2' GR	Upper Penn		9914'		9845'		
Iterations					Depth Casing Shoe		
9914-45'					10209'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	450'	450
11"	8-5/8"	4193'	2530
7-7/8"	5-1/2"	10209'	1300
	2-7/8"	9845'	

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top oil
OIL WELL able 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.)	
10-3-83	10-5-83	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	200 psi	PKR	1/2"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
398	320	78	485

GAS WELL

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

(Date)

10-6-83

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19__

BY _____

TITLE _____

This form is to be filed in compliance with RULE 110.

If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the device
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able 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 Form C-104 must be filed for each pool in multi-
completed wells.