

## OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |             |
|------------------------|-------------|
| NO. OF COPIES RECEIVED |             |
| SUBMITTING AGENCY      |             |
| SANTA FE               |             |
| FILE                   |             |
| U.S.D.S.               |             |
| LAND OFFICE            |             |
| TRANSPORTER            | OIL         |
|                        | NATURAL GAS |
| OPERATION              |             |
| PROMOTION OFFICE       |             |
| Operator               |             |

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 ☐Dry Gas ☐Change in Ownership ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

## I. DESCRIPTION OF WELL AND LEASE

|                  |          |                                |                             |                   |
|------------------|----------|--------------------------------|-----------------------------|-------------------|
| Lease Name       | Well No. | Pool Name, including Formation | Kind of Lease               | Lease No.         |
| Harris AAU State | 2        | Saunders Permo Upper Penn      | State, Federal or Fee State | LG 2359           |
| Location         |          |                                |                             |                   |
| Unit Letter      | L        | 1980 Feet From The             | South Line and              | 330 Feet From The |
| Line of Section  | 12       | Township                       | 14S                         | Range             |
|                  |          |                                | 33E                         | NMPM, Lea County  |

## II. 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) |                            |
| Navajo Refining Co.  | PO Box 159, Artesia, NM 88210  |                            |
| 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) |                            |
| Warren Petroleum Co.   | PO Box 1589, Tulsa, OK 84101   |                            |
| If well produces oil or liquids,<br>give location of tanks.  | Unit   | Sec.                       |
|  | M  | 12                         |
|  |  | 14S                        |
|  |  | 33E                        |
|  |  | Is gas actually connected? |
|  |  | Yes                        |
|  |  | When                       |
|  |  | 8-31-85                    |

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

## V. COMPLETION DATA

|                                      |                             |          |                 |          |        |                    |             |            |
|--------------------------------------|-----------------------------|----------|-----------------|----------|--------|--------------------|-------------|------------|
| Designate Type of Completion - (X)   | Oil Well                    | Gas Well | New Well        | Workover | Deepen | Plug Back          | Same Res'v. | Diff. Res' |
|                                      | X                           |          | X               |          |        |                    |             |            |
| Date Spudded                         | Date Compl. Ready to Prod.  |          | Total Depth     |          |        | P.B.T.D.           |             |            |
| 3-28-85                              | 9-4-85                      |          | 10145'          |          |        | 9985'              |             |            |
| Elevations (DE, RKB, RT, GR, etc.)   | Name of Producing Formation |          | Top Oil/Gas Pay |          |        | Tubing Depth       |             |            |
| 4191' GR                             | Upper Penn                  |          | 10015'          |          |        | 7991'              |             |            |
| Perforations                         |                             |          |                 |          |        | Depth Casing Shoes |             |            |
| 9770-9913'                           |                             |          |                 |          |        | 10145'             |             |            |
| TUBING, CASING, AND CEMENTING RECORD |                             |          |                 |          |        |                    |             |            |
| HOLE SIZE                            | CASING & TUBING SIZE        |          | DEPTH SET       |          |        | SACKS CEMENT       |             |            |
| 17-1/2"                              | 13-3/8"                     |          | 469'            |          |        | 450 sx             |             |            |
| 11"                                  | 8-5/8"                      |          | 4248'           |          |        | 1900 sx            |             |            |
| 7-7/8"                               | 5-1/2"                      |          | 10145'          |          |        | 1072 sx            |             |            |
|                                      | 2-7/8"                      |          | 7991'           |          |        |                    |             |            |

## VI. 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 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.) |            |
| 8-31-85                         | 9-4-85          | Pumping                                       |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| 24 hrs                          | 25#             | 25#   | 2"         |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   | Gas-MCF    |
| 311                             | 61              | 250   | 74         |

## 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            |
|                                  |                           |                           |                       |

## I. 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

9-9-85

(Date)

## OIL CONSERVATION DIVISION

SEP 12 1985

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Eddie W. SoreyTITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1102.

If this is a request for allowable for a newly drilled or deepen 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 own well name or number, or transporter, or other such change of condition. Form C-104 must be filled for each pool in multi-

RECEIVED

SEP 11 1985

G.L.O.  
HONOR OFFICE