

OIL CONSERVATION DIVISION  
P. O. BOX 2000  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|   |  |
|---|--|
| I. OPERATOR                                     |  |
| Operator<br>Yates Petroleum Corporation         |  |
| Address<br>207 South 4th St., Artesia, NM 88210 |  |
| Reason(s) for filing (Check proper box)         | Other (Please explain)                   |
| New Well <input type="checkbox"/>               | Well has been P&A. Request permission to |
| Recompletion <input type="checkbox"/>           | sell 22 BO produced during testing of    |
| Change in Ownership <input type="checkbox"/>    | well 9/84. Perfs - 4114-4338'            |
| Change in Transporter of:                       |  |
| Oil <input type="checkbox"/>                    | Dry Gas <input type="checkbox"/>         |
| Casinghead Gas <input type="checkbox"/>         | Condensate <input type="checkbox"/>      |

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

|   |               |   |  |                     |           |
|---|---------------|---|--|---------------------|-----------|
| Lease Name<br>Folly ZO Federal  | Well No.<br>1 | Pool Name, including Formation<br>Chaveroo SA | Kind of Lease<br>State, Federal or Fee | NM 36485<br>Federal | Lease No. |
| Location<br>Unit Letter <u>A</u> : <u>330</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u><br>Line of Section <u>24</u> Township <u>7S</u> Range <u>32E</u> , NMPM, <u>Roosevelt County</u> |               |   |  |                     |           |

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |   |   |
|---|---|---|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Navajo Refining Co. | Address (Give address to which approved copy of this form is to be sent)<br>PO Box 159, Artesia, NM 88210 |   |
| 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,<br>give location of tanks.   | Unit<br>FRAC TANK   | Sec. Twp. Rge.<br>Is gas actually connected? When |

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                    | Gas Well | New Well        | Workover | Deepen            | Plug Back | Same Res'v. | Diff. Res. |
| Date Spudded                         | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |             |            |
| Elevations (DF, RKB, 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      |           |             |            |
|                                      |                             |          |                 |          |                   |           |             |            |
|                                      |                             |          |                 |          |                   |           |             |            |
|                                      |                             |          |                 |          |                   |           |             |            |

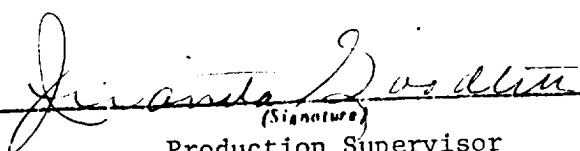
V. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil  
able for this depth or be for full 24 hours)

|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| 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            |

## 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.  
Production Supervisor  
(Date)

10-24-85

(Date)

OIL CONSERVATION DIVISION  
OCT 28 1985  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_ ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
TITLE \_\_\_\_\_This form is to be filed in compliance with RULE 110A.  
If this is a request for allowable for a newly drilled or deep  
well, this form must be accompanied by a tabulation of the devi  
tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for al  
able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of ow  
well name or number, or transporter, or other such change of condi  
Form C-104 must be filled for each pool in mul