

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

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

Operator
Yates Petroleum CorporationCASINGHEAD GAS MUST NOT BE
FLAMED AFTER 4/1/85
UNLESS AN EXCEPTION TO R-407C
IS OBTAINED.

Address

Reason(s) for filing (Check proper box)

New Well ☒ RE-ENTRYRecompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Dry Gas ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

CORRECTED WELL NAME FROM: Edison AAO St.
To: Eidson AAO St.If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Eidson AAO State	Well No. 1	Pool Name, including Formation Unit South Saunders Permo Penn	Kind of Lease State, Federal or Fee	State	Lease No. B-9069
Location Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>31</u> Township <u>15S</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"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) 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, give location of tanks.	Unit <u>A</u>	Sec. <u>31</u>	Twp. <u>15s</u>	Rge. <u>33e</u>	Is gas actually connected? <u>No</u>	When

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 <input checked="" type="checkbox"/>	Gas Well <input 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. <input type="checkbox"/>
Date Spudded <u>RE-ENTRY</u> <u>10-17-84</u>	Date Compl. Ready to Prod. <u>1-25-85</u>		Total Depth <u>10850'</u>		P.B.T.D. <u>10847'</u>			
Elevations (DF, RAB, RT, GR, etc.) <u>4227' GR</u>	Name of Producing Formation <u>Canyon</u>		Top Oil/Gas Pay <u>10760'</u>		Tubing Depth <u>10782'</u>			
Perforations <u>10760-798'</u>					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
16"	13-3/8"	300'	300
12 1/4"	9-5/8"	500'	2000
12 1/4"	9-5/8"	3800'	2000
8-3/4"	5-1/2"	10500'	2000
	2-7/8"	10782'	

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

Date First New Oil Run To Tanks <u>1-11-85</u>	Date of Test <u>1-25-85</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>-</u>	Casing Pressure <u>-</u>	Choke Size <u>-</u>
Actual Prod. During Test <u>20</u>	Oil-Bbls. <u>12</u>	Water-Bbls. <u>8</u>	Gas-MCF <u>TSTM</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

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

(Title)

1-30-85

(Date)

OIL CONSERVATION DIVISION

APPROVED **FEB - 5 1985** 19BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT SUPERVISOR

TITLE

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 multiple completed wells.

RECEIVED

FEB - 4 1985

O.C.D.
HONORARY OFFICE