

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE OF FILING	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

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)

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 8/1/84  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.

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.
Phillips YX State	1	Dean Permo-Penn	State, Federal or Fee State	LG 1539
Location				

Unit Letter M : 990 Feet From The South Line and 330 Feet From The West

Line of Section 36 Township 15S Range 36E , NMPM, Lea 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)
Navajo Crude Oil Purchasing Co.	P.O. 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 M Sec. 36 Twp. 15s Rge. 36e

Is gas actually connected? NO 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 checked="" 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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
1-31-84	6-12-84	11727'	11448'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3842.5' GR	Penn	10695'	10720'					
Perforations	10695-10700'		Depth Casing Shoe					
			11727'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	20"	40'	
17-1/2"	13-3/8"	398'	375
11"	8-5/8"	4906'	2750
7-7/8"	5-1/2"	11727'	1300
		10720'	

TEST DATA AND REQUEST FOR ALLOWABLE 27/8" (Test must be after recovery of test volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

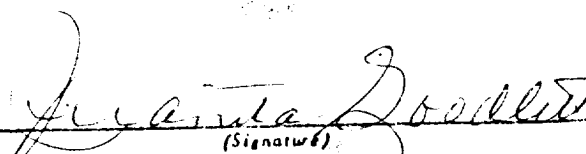
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5-10-84	6-12-84	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	-	-	-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
24	8	16	TSTM

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)  
6-13-84  
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 15 1984, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT I SUPERVISOR

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

JUN 14 1984

U.S. DEPT. OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

LANDIS DRILLING COMPANY  
P. O. Box 3579  
MIDLAND, TEXAS 79702

OPERATOR Yates Petroleum Corporation ADDRESS 207 S. 4th Str., Artesia, NM 88210  
LEASE NAME Phillips "YX" State WELL NO. 1  
LOCATION 990'FSL & 330'FWL, Section 36, T-15-S, R-36-E, Lea County, New Mexico

DEPTH	ANGLE- INCLINATION DEGREES	DISPLACEMENT	ACCUMULATIVE DISPLACEMENT
398	1/2	3.47	3.47
884	1/4	2.12	5.59
1380	1/2	4.33	9.92
1878	1/2	4.35	14.27
2102	3/4	2.93	17.20
2622	3/4	6.81	24.01
3119	1/2	4.34	28.35
3300	1/4	.79	29.14
3797	1/2	4.34	33.48
4297	1/2	4.37	37.85
4862	1/4	2.47	40.32
4906	1 1/4	.96	41.28
5406	1	8.73	50.01
5885	1 1/4	10.45	60.46
6371	1	8.48	68.94
6724	1 3/4	10.78	79.72
7371	1 1/2	16.94	96.66
7866	1 1/4	10.80	107.46
8361	1	8.64	116.10
8858	1	8.67	124.77
9351	3/4	6.45	131.22
9522	1	2.98	134.20
10,003	3/4	6.30	140.50
10,489	1	8.48	148.98
10,968	1	8.36	157.34
11,150	1 1/4	3.97	161.31
11,727	3	30.20	191.51

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

LANDIS DRILLING COMPANY

Gary W. Chappell  
TITLE Vice President - Contracts

AFFIDAVIT:

Before me, the undersigned authority, appeared Gary W. Chappell known to me to be the person whose name is subscribed herebelow, who on making deposition, under oath states that he is acting for and in behalf of the Operator of the well identified above, and that to the best of his knowledge and belief, such well was not intentionally deviated from the true vertical whatsoever.

Pamela A. Hughes  
AFFIDANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 22nd day of March, 1984.

Pamela A. Hughes  
Pamela A. Hughes  
Notary Public in and for the  
County of Midland, Texas

RECEIVED

JUN 14 1984

O.C.  
HOBBS & SMITH