

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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 ☐

UNASSUMED GAS MUST NOT BE
FLAMED AFTER 6/10/85
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 Kochia AAM State	Well No. 1	Pool Name, Including Formation Dean Devonian	Kind of Lease State, Federal or Fee State	Lease No. LG 2252
Location Unit Letter 0 ; 990 Feet From The South Line and 2310 Feet From The East Line of Section 35 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"/> 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 0	Sec. 35	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 9-21-84	Date Compl. Ready to Prod. 11-12-84		Total Depth 13800'		P.B.T.D. 13719'			
Elevations (DF, RAB, RT, GR, etc.) 3855.1' GR	Name of Producing Formation Devonian		Top Oil/Gas Pay 13672'		Tubing Depth 13604'			
Perforations 13672-13676'					Depth Casing Shoe 13800'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		404'		435			
11"	8-5/8"		4922'		2350			
7-7/8"	5-1/2"		13800'		1600			
	2-7/8"		13604'					

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)

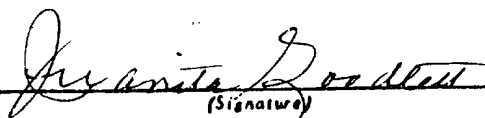
Date First New Oil Run To Tanks 1-16-85	Date of Test 1-28-85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 150#	Casing Pressure Pkr	Choke Size 1/2"
Actual Prod. During Test 475	Oil-Bbls. 450	Water-Bbls. 25	Gas-MCF 12

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)

1-30-85

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 17 1985, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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 multiply completed wells.

RECEIVED

FEB -4 1985

O.C.D.
HOBBS OFFICE



LTR



Job separation sheet



STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

February 5, 1985

TONEY ANAYA
GOVERNOR

POST OFFICE BOX 1980
HOBBS, NEW MEXICO 88240
(505) 393-6161

Yates Petroleum Corporation
207 South 4th Street
Artesia, New Mexico 88210

Attention Mr. Randy Patterson

Dear Mr. Patterson:

As you are no doubt aware, the location for your Kochia AAM State Well No. 1 located in Unit O of Section 35, T-15-S, R-36-E, is unorthodox for the Dean Devonian Pool in which the well has recently been completed. As of this date, however, the unorthodox location has not been approved after notice and hearing as will be required.

We will, therefore, be unable to approve Form C-104, assign an allowable and authorize the sale of oil from this well until the required approval for the location has been obtained.

Yours very truly,

OIL CONSERVATION DIVISION

Jerry Sexton
Supervisor, District 1

mc
cc-Navajo Refining Co.
Artesia, New Mexico