

## OIL CONSERVATION DIVISION

P. O. BOX 7088

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.O.S.	
LAND OFFICE	
TRANSPORTED	OIL
	NATURAL GAS
OPERATION	
PRODUCTION OFFICE	

Operator Yates Petroleum Corporation	
Address 207 South 4th St., Artesia, NM 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINOHEAD GAS MUST NOT BE
Recompletion <input type="checkbox"/>	FLARED AFTER 12/1/85
Change in Ownership <input type="checkbox"/>	UNLESS AN EXCEPTION TO R-4070
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	IS OBTAINED.

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Hot Toddy ABQ State	Well No. 1	Pool Name, Including Formation <del>Kennedy</del> Upper Wolfcamp	Kind of Lease State, Federal or Fee State	Lease No. LG 4223
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1500</u> Feet From The <u>East</u> Line of Section <u>18</u> Township <u>16S</u> Range <u>34E</u> , NMPM, Lea County				

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

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Co. of Texas, Inc.	Address (Give address to which approved copy of this form is to be sent) PO Box 1558, Breckenridge, TX 76024	
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 G	Sec. 18
	Twp. 16s	Rge. 34e
	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:

## IV. 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 2-6-85	Date Compl. Ready to Prod. 7-31-85		Total Depth 13500'		P.B.T.D. 12125'			
Elevations (DE, RKB, RT, GR, etc.) 4141.1' GR	Name of Producing Formation Permo-Penn		Top Oil/Gas Pay 10371'		Tubing Depth 10384'			
Perforations 10371-375'					Depth Casing Shoe 13500'			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	550'	675
11"	8-5/8"	4553'	2000
7-7/8"	5-1/2"	13500'	1570
	2-7/8"	10384'	

## 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 allowable for this depth or be for full 24 hours)

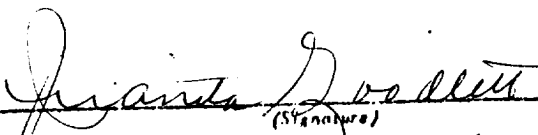
Date First New Oil Run To Tanks 7-10-85	Date of Test 7-31-85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 7	Oil-Bbls. 7	Water-Bbls. 0	Gas-MCF TSTM

## 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

## 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.

  
(Signature)  
Production Supervisor  
(Date)  
8-2-85  
(Date)

## OIL CONSERVATION DIVISION

APPROVED SEP 18 1985, 19\_\_\_\_  
BY ORIGINAL SIGNED BY JESSE SEXTON  
DISTRICT SUPERVISOR  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 110.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated 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 Form C-104 must be filed for each pool in multiple.

RECEIVED

AUG -7 1985

HOME OFFICE