

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	
M.D.S.	
LAND OFFICE	
TRANSPORTED OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator: Yates Petroleum Corporation

Address: 105 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well Change in Transporter of: Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in Ownership

Other (Please explain): **CASINGHEAD GAS MUST NOT BE PLACED AFTER 9-1-86 UNLESS AN EXCEPTION TO RULE IS OBTAINED.**

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name: Sweet Thing AEB State Well No.: 1 Pool Name, including Formation: *Sarmatium Undesignated Queen* Kind of Lease: State, Federal or Fee State: LC-8961

Location: Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East

Line of Section 1 Township 17S Range 33E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate : 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 or Dry Gas : _____ 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 I Sec. 1 Twp. 17S Rge. 33E 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 Gas Well New Well Workover Deepen Plug Back Same Well Full, Part

Date Spudded: 5-22-86 Date Compl. Ready to Prod.: 7-4-86 Total Depth: 3900' P.B.T.D.: 3850'

Elevations (DF, R&H, RT, GR, etc.): 4143.5' GR Name of Producing Formation: Queen Top Oil/Gas Pay: 3744' Tubing Depth: 3685'

Perforations: 3744-61' Depth Casing Shoe: 3900'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	40'	
12-1/4"	8-5/8"	406'	275
7-7/8"	5-1/2"	3900'	1030
	2-7/8"	3685'	

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 trap available for this depth or be for full 24 hours)

Date First New Oil Run To Tanks: 6-18-86 Date of Test: 7-4-86 Producing Method (Flow, pump, gas lift, etc.): Flowing

Length of Test: 24 hrs Tubing Pressure: - Casing Pressure: - Choke Size: Open

Actual Prod. During Test: 85 Oil-Bbls.: 85 Water-Bbls.: -0- Gas-MCF: 337

GAS WELL

Actual Prod. Test-MCF/D: _____ Length of Test: _____ Bbls. Condensate/MMCF: _____ Gravity of Condensate: _____

Testing Method (pilot, back pr.): _____ Tubing Pressure (what-in): _____ Casing Pressure (what-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.

J. Anita Doodler
 (Signature)
 Production Supervisor
 (Title)
 7-7-86
 (Date)

OIL CONSERVATION DIVISION

APPROVED JUL 14 1986 19

BY ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 111.

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 conditions.

Separate Form C-104 must be filed for each pool in multiple completed wells.

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RECEIVED
JUL 14 1986
O.C.D.
HOBB'S OFFICE