## BIATE OF NEW MEXICO.

MINITALS DEPARTMENT

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LAND OFFIF	_	_	
TRANSPORTER DIL			
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PADRATION DPFICE			ĺ

## OIL CONSCRVATION DIVISION P. O. BOX 2088

JANEA CE	SANTA PE, NEW	MEXICO 87501			
711.0					
LAND OFFH F	REQUEST FOR	RALLOWABLE			
TRANSPORTER DIL	رار الم	iD .			
Copparison	AUTHORIZATION TO TRANSF	OH TO TRANSPORT OIL AND NATURAL GAS			
Yates Petroleum	Corporation				
Address	Corporation				
105 South 4th S	t., Artesia, NM 88210				
Reason(s) for filing / Check proper bo	1)	Other (Please explose) Reguest 2500 bb1	test allowable for		
No- Moll -	Change in Transporter all  Cil Dry Ga	month of August, 1987.			
Recompletion	Casinghead Gas Conden	[ ] D C	767-3784' Queen		
Change in Ownership					
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND	LEASE		• Lease No		
Leose Name	Acil No.   Soot same, increasing .		-1 -2		
Billy AES State	1 Sanmal-Queen	M-3233 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State   V-1671		
Unit Letter D : 90	O Feel From The North Lin	e and 330 Feet From	The West		
		33Е , мери,	Lea County		
Line of Section 12 To	numship 17S Range	<u> </u>			
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address to which appro	oved copy of this form is to be sent)		
Name of Authorized Transporter of Ci		PO Box 1183, Houston, T	X 77001		
The Permian Corporation	usinghead Gas [ ] or Dry Gas [ ]	Address (Give address to which appro	oved copy of this form is to be sent)		
		100	ien .		
If well produces oil or liquids,	Unit Sec. Twp. Rge. FRAC TANKS	No			
give location of tanks.	ith that from any other lease or pool,	<u> </u>			
If this production is commingied w. COMPLETION DATA		New Well Workover Deepen	Plug Back   Same Resty, Diff, Rest		
Designate Type of Complete		New Well Molecular Personal			
Date Spudded	Date Compl. Pendy to Prod.	Total Depth	P.B.T.D.		
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Traine of Producting Communication				
Perforations			Depth Casing Shoe		
	TUBING, CASING, AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be n	feer recovery of social volume of load of	l and must be equal to or exceed top allo		
OIL WELL		pih or be for full 24 hours) Producing kiethod (Flow, purip, gas i	ift, etc.)		
Date First New Oil Run To Tanks	Date of Test				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Oil-ible.	Water - Bbls.	Gos-MCF		
Actual Pred. During Test	011-001-1	<u></u>			
GAS WELL Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/AtMCF	Gravity of Condensate		
·		/ chuta(n)	Choke Site		
Teeting Method (piter, back pr.)	Tubing Pressure (shut-in)	Cusing Pressure (Shut-in)	Choice dist		
L. CERTIFICATE OF COMPLIAN	VCE	OIL CONSERVA	TION DIVISION		
		APPROVED AUG 1	0 1987		
	regulations of the Oil Conservation	APPROVEDAUD	•		
Division have been complied with and that the information given above in true and complete to the beat of my knowledge and belief.		ORIGINAL SIGNIED BY JERRY SEXTON			
		TITLE DISTRICT I SUPERVISOR  Ante form an to on file in Tompliance with nutr 1 or			
(**	9.	ante form se co un file de	Compliance with nut. r 1 'cr.		
Circumsta	Doudlet	If this is a require for sile	wable for a newly dilled or deepen		

	2) Shallet
· · · · · · · · · · · · · · · · · · ·	(Signalure)
	Production Supervisor
	**************************************

(Pale)

8-4-87

If this is a requirat for allowable for a newly diffied or deepens will, this form must be accompanied by a tabulation of the deviation tests taken on the well in apportance with RULE 111.

All sections of this foremust be filled out completely for allowable on new and recompleted walls.

Fill out only Sections I. II. III, and VI for changes of owner well name or number, or transporter, or other such changes of conditions.

Separate Forms C-104 must be filed for each pool in multiple

