

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE RECEIVED	
REGISTRATION	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	
Operator	

Yates Petroleum Corporation

Address
207 S. 4th Street; Artesia, N.M. 88210

Person(s) for filing (Check proper box)

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

Other (Please explain)

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 State, Federal or Fee	LC Lease No.
Young Unit	29	Young Queen	Federal	069497

Location	Unit Letter	A	660	Feet From The	North	Line and	660	Feet From The	East
Line of Section	29	Township	18S	Range	32E	N.M.P.M.	Lea	County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company	P.O. Box 159; Artesia, N.M. 88210
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	29	18S	32E		

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Recompletion	XX					XX	XX	
Date Spool 10/18/84	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.		
11/16/84	3935'	4100'						
Elevations (DF, RLB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth		
3731' GR	Queen	3783'				3708'		
Perforations						Depth Casing Shoe		
3792-3808'						4047'		

TUBING, CASING, AND CEMENTING RECORD

ROD SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	530-1037'	50
7 5/8	7	641'	50
6 1/2	5 1/2	4047'	75
	2 7/8	3708'	

TEST DATA AND REQUEST FOR ALLOWABLE (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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
11/16/84	12/20/84	Pump
Length of Test	Tubing Pressure	Casing Pressure
24 hours	---	---
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
48	8	40
		Gas-MCF
		TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pump, 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.



Petroleum Engineer

(Title)

1/4/85

(Date)

OIL CONSERVATION DIVISION

JAN 14 1985

APPROVED _____

BY ORIGINAL SIGNED BY JERRY SEXTON, 19
DISTRICT SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1101.

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 multiphase completed wells.

RECEIVED

JAN 10 1985

O.C.D.
HOBBS OFFICE