

## 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 TANKS RECEIVED	
DISTRIBUTION	
SANITARY	
FILE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	
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	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

Request 100 bbls test allowable for well - perforations 5746-86'.

If change of ownership give name and address of previous owner  
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.SANTA FE, NEW MEXICO 87501  
9-1-87  
RECEIVED  
OIL CONSERVATION DIVISION  
SANTA FE, NEW MEXICO

## 1. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Shooting Star AEA State	1	Undesignated Wolfcamp	State, Federal or Fee	LG 5682
Location				
Unit Letter	J	Feet From The	South	Line and
				2310
				Feet From The
				East
Line of Section	11	Township	18S	Range
				35E
				NMPM
				Lea
				County

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

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	PO Box 1183, Houston, TX 77001					
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	11	18s	35e	NO	

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

## 3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
12-31-86	7-20-87	9100'	8015'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3891.1' GR	Delaware	5746'	5797'					
Perforations			Depth Casing Shoe					
5746-86'			9100'					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	420'	400
11"	8-5/8"	3805'	1450
7-7/8"	5-1/2"	9100'	1135
	2-7/8"	5797'	

## 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)

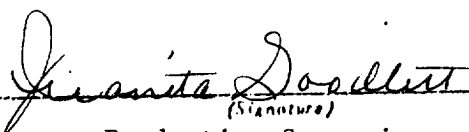
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
3-21-87	3-22-87	Pumping
Length of Test	Tubing Pressure	Casing Pressure
24 hrs	-	-
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
190	5	185
		TSTM

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

## 4. 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.



Production Supervisor

7/21/87

(Date)

## OIL CONSERVATION DIVISION

APPROVED JUL 27 1987

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISORThis 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 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 Form C-104 must be filed for each pool in multiple-completed wells.

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JUL 24 1987  
OCD  
HOBBS OFFICE