

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

# OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator YATES PETROLEUM CORPORATION		Well API No. 30-025-26826
Address 105 South 4th St., Artesia, NM 88210		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/>		<input type="checkbox"/> Other (Please explain) Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of operator give name and address of previous operator

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Belco AIA Federal	Well No. 1	Pool Name, Including Formation <del>Unders. Delaware</del> <i>Salt Lake R-9685</i>	Kind of Lease State, Federal or Fee <i>7/1/92</i>	Lease No. NM 63016
Location Unit Letter <i>J</i> : 1980 Feet From The <i>South</i> Line and 1980 Feet From The <i>East</i> Line Section <i>14</i> Township <i>20S</i> Range <i>32E</i> , NMPM, Lea County				

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

Name of Authorized Transporter of Oil Enron Oil Trading & Transport <i>Enron Energy Corp. Effective 1-1-93</i>	Address (Give address to which approved copy of this form is to be sent) PO Box 1188, Houston, TX 77151-1188					
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 <i>J</i>	Sec. <i>14</i>	Twp. <i>20</i>	Rge. <i>32</i>	Is gas actually connected? <i>No</i>	When? <i>Approx 6 months</i>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	<i>X</i>					<i>X</i>		<i>X</i>
Date Spudded <i>RECOMPLETION</i> <i>2-15-91</i>	Date Compl. Ready to Prod. <i>2-4-92</i>		Total Depth <i>13250'</i>			P.B.T.D. <i>11273'; RBP @ 5013'</i>		
Elevations (DF, RKB, RT, GR, etc.) <i>3539' GR</i>	Name of Producing Formation <i>Delaware</i>		Top Oil/Gas Pay <i>4928'</i>			Tubing Depth <i>4852'</i>		
Perforations <i>4928-4956'</i>				Depth Casing Shoe <i>11076'</i>				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
<i>26"</i>	<i>20"</i>		<i>1100'</i>			<i>2500 sx (in place)</i>		
<i>17 1/2"</i>	<i>13-3/8"</i>		<i>3120'</i>			<i>2800 sx (in place)</i>		
<i>9-5/8"</i>	<i>7-5/8"</i>		<i>11076'</i>			<i>3900 sx (9n place)</i>		
	<i>2-7/8"</i>		<i>4852'</i>					

## 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 Tank <i>10-4-91</i>	Date of Test <i>2-4-92</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Flowing</i>	
Length of Test <i>24 hrs</i>	Tubing Pressure <i>140</i>	Casing Pressure <i>PKR</i>	Choke Size <i>32/64"</i>
Actual Prod. During Test <i>305</i>	Oil - Bbls. <i>210</i>	Water - Bbls. <i>95</i>	Gas - MCF <i>45</i>

## 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. OPERATOR 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.

*Juanita Goodlett*  
Signature  
Juanita Goodlett - Production Supvr.  
Printed Name  
*2-6-92*  
Date  
(505) 748-1471  
Telephone No.

## OIL CONSERVATION DIVISION FEB 10 '92

Date Approved

By *ORIGINAL SIGNED BY JERRY SEXTON*  
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

