

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	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Anadarko Production Company

Address
P.O. Box 806 Eunice, New Mexico 88231

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

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

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Teas Yates Unit Tract 2</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Teas Yates Seven Rivers</u>	Kind of Lease <u>State, Federal or Fee Federal</u>	Lease No. <u>LC064975</u>
Location				
Unit Letter <u>C</u> : <u>1295</u> Feet From The <u>South</u> ^{North} Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>13</u> Township <u>20S</u> Range <u>33E</u> , NMPM, <u>lea</u> County				

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)
<u>Texas New Mexico pipeline Co.</u>	<u>P.O. Box 1510 Midland, Texas 79702</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum Co.</u>	<u>P.O. Box 2130 Hobbs, New Mexico 88240</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>H</u> Sec. <u>14</u> Twp. <u>20S</u> Rge. <u>33E</u>	<u>Yes</u> <u>5-12-83</u>

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v. <input checked="" type="checkbox"/>	Diff. Res'v.
Date Spudded <u>4-1-83</u>	Date Compl. Ready to Prod. <u>5-12-83</u>	Total Depth <u>3386'</u>	P.B.T.D. <u>3386'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3603' GR</u>	Name of Producing Formation <u>Yates</u>	Top Oil/Gas Pay <u>3228'</u>	Tubing Depth <u>3366'</u>					
Perforations <u>Open Hole 3200' - 3386'</u>			Depth Casing Shoe <u>OH</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>14-3/4"</u>	<u>10-3/4" 40.5#</u>	<u>1470'</u>	<u>1000 ΔX</u>
<u>9-7/8"</u>	<u>7-5/8" 29.70#</u>	<u>3200'</u>	<u>1700 ΔX</u>

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 Tanks <u>5-12-83</u>	Date of Test <u>5-16-83</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>25#</u>	Casing Pressure <u>25#</u>	Choke Size <u>-</u>
Actual Prod. During Test <u>66</u>	Oil-Bbls. <u>66</u>	Water-Bbls. <u>0</u>	Gas-MCF <u>12.9</u>

GAS WELL

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

Original Signed By: [Signature]
(Signature)
Field Foreman
(Title)
May 18, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 26 1983, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1104.
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.

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MAY 25 1983

O.C.D.
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HOBBBS OFFICE

MAY 20 1983

O.C.D.
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J. A. PRICE & COMPANY

P. O. BOX 125
ODESSA, TEXAS 79760
PHONE (915) 563-3139

JAMES A. PRICE
PRESIDENT

April 12, 1983

Anadarko Production Company
P.O. Box 806
Eunice, New Mexico 88231

Attn: Mr. John English

RE: Lease in Lea County, New Mexico
Yates 2-3

Dear Sir:

<u>Depth</u>	<u>Angle</u>
476'	1/2°
966'	1°
1208'	1/2°
1456'	1°
1590'	1°
1748'	1°
1904'	1 1/4°
2059'	1°
2373'	3/4°
2721'	3 1/2°
2752'	3 1/4°
2843'	3 1/4°
2938'	3°
2991'	3°
3126'	4°
3200'	3 1/4°

Witness

George Walker

Witness

Bruce Kimmell

Sincerely,

James A. Price
James A. Price
President

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MAY 25 1983

G.C.C.
HOBBS OFFICE