

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION		Well API No. 30-025-31947
Address 105 South 4th St., Artesia, NM 88210		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
		Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)

If change of operator give name and address of previous operator

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name Amanda AMN Federal	Well No. 1	Pool Name, Including Formation Diamondtail Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-77062
Location Unit Letter F : 2310 Feet From The North Line and 1650 Feet From The West Line Section 11 Township 23S Range 32E , NMPM , Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> EOTT Energy Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188 - Houston, TX 77521-1188	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Yates Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 105 South Fourth Street - Artesia, NM 88210	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 11
	Twp. 23S	Rge. 32E
	Is gas actually connected? No	
	When ?	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded RH 4-20-93 RT 4-21-93	Date Compl. Ready to Prod. 6-2-93		Total Depth 9100'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3728' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 7017'		Tubing Depth			
Perforations 7017-8958'					Depth Casing Shoe 9100'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		40		Cement to surface			
17-1/2"	13-3/8"		1170		1010 sx - circulate			
11"	8-5/8"		4754'		1900 sx - circulate			
7-7/8"	5-1/2"		9100'		1135 sx			

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.)		Producing Method (Flow, pump, gas lift, etc.) Pumping	
Date First New Oil Run To Tank 6-2-93	Date of Test 6-14-93	Casing Pressure 75	Choke Size 2"
Length of Test 24 hours	Tubing Pressure 75	Water - Bbls. 611	Gas- MCF 55
Actual Prod. During Test 685	Oil - Bbls. 74		

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.

Signature **Rusty Klein**
Printed Name **Rusty Klein** Title **Production Clerk**
Date **June 16, 1993** Telephone No. **(505) 748-1471**

OIL CONSERVATION DIVISION

JUN 24 1993

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.

RECEIVED

JUN 23 1993

OCD HOBBS
OFFICE