ENE	GTATE OF NEW MEXICO RGY AND MINERALS DEPARTMENT	OIL CONSERVA	TION DIVISION	
	P. O. BOX 2088 SANTA FE SANTA FE, NEW MEXICO 87501			
	LAND OFFICE REQUEST FOR ALLOWABLE			
	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
1.	PADRATUH DEFICE			
	Yates Petroleum Corporation			
	207 South 4th S	t., Artesia, NM 88210		
	Reeson(s) for filing (Check proper box	Distance in Transporter of:	Other (Please explain) Approval to fla	re casinghead gas trong?
	New Well AA Recompletion		🔹 🔄 👘 is well must	be obtained from the
	Change In Ownership	Casingheod Gas Conder	Munerals Mana	gement Service.
	If change of ownership give name and address of previous owner	NOTIEY THIS OFFICE.	PLACED IN THE POOL FYOU DO NOT CONCUR	
п.	DESCRIPTION OF WELL AND	Well No. Fool Name, Including F		
	Paduca Unit	2 North Paduca	Delaware State, Fee	deral of Fee Federal NM-15912
	Location	0Feel From TheNorth_Lin	and 990 Feet Fr	om The East
	Unit Letter <u>A</u> : <u>00</u>		· .	
				Lea County
III.	I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			oproved copy of this form is to be sent)
	Navajo Refining Co.		PO Box 159, Artesia, NM 88210	
	Name of Authorized Transporter of Casingheed Gas or Dry Gas		Address (Give address to which approved copy of this form is to be sent)	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas actually connected?	When
	give location of tanks. A 23 25s 32e No			
	If this production is commingled with the from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty, Diff.			
	Designate Type of Completi		X	P.B.T.D.
	Date Spudded 11-19-84	Date Compl. Ready to Prod. 2-1-85	Total Depth 5000'	4875'
	Elevations (DF, RKB, RT, GR, etc.)		Top Oll/Gas Pay	Tubing Depth
	3441' GR	Delaware	4848'	4788 Depth Casing Shoe
	Perforations 4838-50'			
		the second division in the second division of	D CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	853'	SACKS CEMENT
	12-1/4"	5-1/2"	5000'	250
		2-7/8"	4788'	
		OP ALLOWARIE (Test must be a	I fee recovery of total volume of load	oil and must be equal to or exceed top allo
ν.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed able for this depth or be for full 24 houri) OIL WELL Producing Method (Flow, pump, gas lift, etc.)			
	Date First New Oil Bun To Tanks 1-29-85	Date of Test 2-1-85	Pumping	· · · · · · · · · · · · · · · · · · ·
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	24 hrs	OII-Bbls.	Water · Bbls.	Gas-MCF
	Actual Pred. During Teet 134	29	105	TSTM
	L			
	GAS WELL Actual Fred. Tool - MCF/D	Length of Test	Bbla. Condensate/MMCF	Gravity of Condensate
	Teoting Hothod (pital, back pr.)	Tubing Presews (Shut-in)	Casing Pressure (Shut-in)	Choke Size
				VATION DIVISION
VI.	I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given			
			APPROVED FEB 1 2 1985	
	Division have been complied with above is true and complete to th	and that the information given e beat of my knowledge and belief.	BY Eddie VY. Seav DIL & Gas inspector TITLE This form is to be filled in compliance with AUL = 1108 If this is a request for allowable for a newly drilled or deepenwell, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AUL = 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 multipic completed wells.	
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