State of New Mexico

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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

FEB 28 '901L CONSERVATION DIVISION

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Form C-104
Form C-104 Revised 1-1-89
See Instructions
at Bottom of Page
Vo
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P.O. Drawer DD, Artesia, NM 88210	D. C. D.	Ça	nta Ec			ox 2088 exico 8750	<i>4</i> -2088					
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	ESIA, OFF	CE		•								
	REQ					BLE AND A						
I.	·	TOTRA	NSP	OR	T OIL	_AND NA	TURAL G		DI No			
Operator YATES PETROLEUM CORPORATION										PI No. 015-26115		
Address									015 201			
105 South 4th St.,	Artesi	a, NM	8821	10			· /D1					
Reason(s) for Filing (Check proper box) New Well		C	T		. r .	Othe	t (Please expl	ain)				
New Well Recompletion	Oil	Change in	Dry Ga		" 							
Change in Operator	Casinghe	ad Gas	Conden		$\overline{\sqcap}$							
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL	AND LE	ASE										
Lease Name			Pool N	ame,	Includ	ing Formation			of Lease		ease No.	
Catclaw AGM State Com		1	Nor	th	Dag	ger Draw	Upper P	enn State,	Fjederal gr/F¢	9 K-638	5	
Location						1						
Unit LetterF	: <u>1980</u>)	Feet Fr	rom T	he No	orth Line	and 1980	<u>) </u>	et From The	West	Line	
Section 2 Townshi	p 209	3	Range	2	4E	, NN	ирм,		Ed	dy	County	
III. DESIGNATION OF TRAN	SPORTE			D N	ATU	RAL GAS			·····			
Name of Authorized Transporter of Oil]		Address (Give address to which approved copy of this form is to be sent) PO Box 159, Artesia, NM 88210					
Navajo Refining Co.												
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Yates Petroleum Corporation					105 Sou	Address (Give address to which approved copy of this form is to be sent) 105 South 4th St., Artesia, NM 88210						
If well produces oil or liquids, give location of tanks.	Unit F	S∞c. 2	Twp.	1	Rge. 24	Is gas actually Yes	connected?	When	When? 2-22-90			
If this production is commingled with that IV. COMPLETION DATA	from any ot	her lease or	pool, giv	ve cor	mming	ling order numb	er:					
Designate Type of Completion	- (X)	Oil Well	1	Gas V	Vell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth				P.B.T.D.			
11-3-89	12-5-89				9506'			9462'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
3658' GR	Canyon				7688'			7589 Depth Casing Shoe				
Perforations 7688-7800¹									9506'			
7000 7000		TUBING.	CASII	NG .	AND	CEMENTIN	NG RECOR	RD.	, ,,,,,,,	<u> </u>		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEM	ENT		
26"	20"				40'				Redi-Mix			
14-3/4"	10-3/4"					1210'			900 sx			
9-1/2"	7''					9506 '			3400 sx			
		2-7/8"					7589 '					
V. TEST DATA AND REQUES OIL WELL (Test must be after r.	T FOR	ALLUW/		oil an	,d ,	the equal to on	exceed ton all	owable for thi	s denth or he	for full 24 hou	rs.),	
OIL WELL (Test must be after r. Date First New Oil Run To Tank	Date of To		oj ioda i	ou an	MA TIME	Producing Me	thod (Flow, p	ump, gas lift,	tc.)	Pa	2F110- 2	
2-22-90	2-27-90				Flowing			·		-9-90		
Length of Test	Tubing Pressure				Casing Pressure			Choke Size comp & Bl				
24 hrs	500 psi				_			18/64" / Gas- MCF				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			880				
331		120					211		1	000		
GAS WELL												
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC				NCE	<u> </u>			JSERV	ΔΤΙΩΝΙ	DIVISIO		
I hereby certify that the rules and regula	ations of the	Oil Conser	vation	•				JOET V			Z1 3	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Date Approved			FEB 2 8 1990			
trained	woll	is										
Signature Juanita Goodlett - Production Supvr.						By ORIGINAL SIGNED BY MIKE WILLIAMS						

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

Printed Name 2-28-90

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

SUPERVISOR, DISTRICT IF

2) All sections of this form must be filled out for allowable on new and recompleted wells.

(505) 748-1471

Title

Telephone No.

- 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.