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

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

| I.   | 1120                 | TOTRA                     | NSP          |             |  | ATURAL C   |                                       |  |                       |              |    |  |
|--|----------------------|---------------------------|--------------|-------------|--|--|---------------------------------------|--|-----------------------|--------------|----|--|
| Operator   |                      |                           |              | <u> </u>    | 27111211   | 711 01 1712 0  |                                       | API No.  |                       |              |    |  |
| Yates Drilling Co  | ompany               |                           |              |             |  |  |                                       |  |                       |              |    |  |
| Address  |                      |                           |              |             |  |  |                                       |  |                       |              | _  |  |
| 105 South 4th St.  Reason(s) for Filing (Check proper box)   | , Arte               | esia, Ni                  | 4 88         | 210         |  |  | <del> </del>                          |  |                       |              |    |  |
| New Well   |                      | Change i-                 | . T          |             |  | other (Please exp  | olain)                                |  |                       |              |    |  |
| Recompletion   | Oil                  | Change in                 | Dry Ga       |             |  |  |                                       |  |                       |              |    |  |
| Change in Operator   | Casinghe             |                           | Conden       |             |  |  |                                       |  |                       |              |    |  |
| If change of operator give name  | - Casingne           | au Oas                    | Conden       | BALC        |  |  |                                       |  |                       |              | _  |  |
| and address of previous operator   |                      |                           |              |             |  |  |                                       |  |                       |              |    |  |
| II. DESCRIPTION OF WELL  | AND LE               | 'A SE                     |              |             |  |  |                                       |  |                       |              |    |  |
| Lease Name   | 111 117 121          | Well No.                  | Pool N       | ame, includ | ing Formation Kin  |  |                                       | d of Lease No.                                 |                       |              |    |  |
| Bejunje Federal  | l Wildcat-Ga         |                           |              |             |  |  |                                       | Federallor Fee                                 |                       |              |    |  |
| Location   |                      |                           | <del></del>  | ·····       | <u>-</u>   |  |                                       |  |                       |              | -  |  |
| Unit Letter H  | _ :                  | 2100                      | Feet Fr      | om The      | North L  | ine and 4  | .00 E                                 | et From The                                    | East                  | 1:           |    |  |
|  |                      |                           |              |             |  |  |                                       |  |                       | Line         |    |  |
| Section 24 Township  | p23N_                |                           | Range        | <u>9W</u>   |  | NMPM,  | San Jua                               | n  |                       | County       |    |  |
| III. DESIGNATION OF TRAN   | ידמטמפ               | ים אר מי                  | rr and       | D እየፈጥነ     | DAT CA   | C  |                                       |  |                       |              |    |  |
| Name of Authorized Transporter of Oil  |                      | or Conder                 |              | DIVATU      |  |  | ulial annua                           |  |                       | <del></del>  | _  |  |
| Gary Williams Energy Cor.  |                      |                           |              |             |  | Address (Give address to which approved copy of this form is to be sent) |                                       |  |                       |              |    |  |
| Name of Authorized Transporter of Casing   | dicad Gas            |                           | or Dry       | Gas [       | 89 Road 49990. Bloomfield. NM Address (Give address to which approved copy of this form is to be sent) |  |                                       |  |                       |              |    |  |
|  | ,                    | 1J                        | ,            | ـــا        | / Contess (C   | ,,,,e entre 523 10 h   | чтен арукоveс                         | copy of this form                              | is to be se           | ent)         |    |  |
| If well produces oil or liquids,   | Unit                 | Sec.                      | Twp.         | Rge.        | le gas actu  | ally connected?  | When                                  | 7  |                       | <del></del>  | -  |  |
| give location of tanks.  | <u>H</u>             | 24                        | 23N          |             | No   |  | i                                     |  |                       |              |    |  |
| f this production is commingled with that f  | forn any of          | her lease or              | pool, giv    | e comming   | ling order nu  | mber:  |                                       |  |                       |              | _  |  |
| V. COMPLETION DATA   |                      |                           |              |             | -,   |  |                                       |  |                       |              |    |  |
| Designate Type of Completion   | - CX)                | Oil Well                  | (            | Sas Well    | New Wel  | II   Workover  | Deepen                                | Plug Back  Sa                                  | me Res'v              | Diff Res'v   |    |  |
| Date Spudded   |                      | ate Compl. Ready to Prod. |              |             | Total Dept   | l  |                                       | II   |                       | _1           | _  |  |
| 2 and configuration to Flori   |                      |                           |              |             |  |  |                                       | P.D.T.D.                                       |                       |              |    |  |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of I            | Producing Fo              | rmation      |             | Top Oil/Ga   | s Pay  | ······                                | Tubing Depth                                   |                       |              | -  |  |
| Parfornions  |                      |                           |              |             | <u> </u>   |  |                                       |  |                       |              |    |  |
| Perforations   |                      |                           |              |             |  |  |                                       | Depth Casing S                                 | hoe                   |              | _  |  |
|  |                      | 771171717                 | 0 . 0.       |             |  |  |                                       | <u> </u>                                       |                       |              |    |  |
| HOLEGIZE   | TUBING, CASING AND   |                           |              |             |  |  |                                       |  |                       |              |    |  |
| HOLE SIZE  | CASING & TUBING SIZE |                           |              |             | DEPTH SET  |  |                                       | SACKS CEMENT                                   |                       |              |    |  |
|  |                      | <del></del>               |              | <del></del> | <u> </u>   |  | <del></del>                           |  | <del></del>           |              | _  |  |
|  | ļ                    |                           |              |             |  |  |                                       | ļ <u>.                                    </u> |                       |              | _  |  |
|  |                      |                           |              |             |  |  |                                       |  | <del></del> -         | <del></del>  | _  |  |
| V. TEST DATA AND REQUES  | TFOR                 | ALLOW/                    | TRLE         | <del></del> |  |  |                                       |  |                       | ·            | _] |  |
| OIL WELL (Test must be after re  |                      |                           |              | il and must | be equal to  | or exceed top al   | lowable for thi                       | s depth or he for                              | full 24 hour          | I            |    |  |
| Date First New Oil Run To Tank   | Date of Te           | st .                      |              |             | Producing 1  | Method (Flow, p  | ownp. eas lift.                       | etc.)  | 14 700                | 3.)          | ٦  |  |
|  |                      |                           |              |             | (2)  | <b>PAP</b>   |                                       |  |                       |              |    |  |
| Length of Test   | Tubing Pro           | Casult                    |              |             | Casing Pri   | m 1 9 15   | I V E                                 | Chioke Size                                    |                       |              | -  |  |
|  |                      |                           |              |             | 101  |  |                                       | U)   |                       |              |    |  |
| Actual Prod. During Test   | Oil - Bbls.          | •                         |              |             | Water = Bb   | ⊾ JUL3 0   | 1990                                  | Gas- MCF                                       |                       |              |    |  |
|  | l                    |                           |              |             | <u> </u>   |  |                                       |  |                       |              |    |  |
| GAS WELL   |                      |                           |              |             | Ç  | NI COM   | 1. DIV                                |  |                       |              |    |  |
| Actual Prod. Test - MCF/D  | Length of            | Test                      |              |             | Bbls, Cond   | ensale/NDIST   | . 3                                   | Gravity of Con-                                | Gravity of Condensate |              |    |  |
| esting Method (pitot, back pr.)  Tubing Pressure (Shut-in)   |                      |                           |              |             | Casing Pressure (Shut-in)  |  |                                       | Cula Cia                                       |                       |              |    |  |
|  |                      |                           |              |             | Casing 17es  | isone (2001-10)  |                                       | Choke Size                                     |                       |              | 1  |  |
| AL ODED ATOD CEDTIFIC  | A 2772 O I           | 2001                      | T V 1 2 2    |             | \ <u></u>  |  |                                       | <u> </u>                                       |                       |              | _  |  |
| VI. OPERATOR CERTIFICA   |                      |                           |              | CE          |  |  | NOEDN                                 | ATION DI                                       | VICIO                 | <b>. X</b> 1 |    |  |
| I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above |                      |                           |              |             | OIL CONSERVATION DIVISION  |  |                                       |  |                       |              |    |  |
| is true and complete to the best of my knowledge and belief.   |                      |                           |              |             | JUL 3 0 1990   |  |                                       |  |                       |              |    |  |
|  | -                    |                           |              |             | Dat  | e Approve  |                                       |  |                       |              |    |  |
| Karen J. Leiskman  |                      |                           |              |             |  | 7.1  |                                       |  |                       |              |    |  |
| Signature  |                      |                           |              |             | By Sund Shang  |  |                                       |  |                       |              |    |  |
| Karen J. Leishman Printed Name   | Produ                | uction (                  |              |             |  | •  | SUPE                                  | RVISOR DI                                      | STRICT                | <b>#</b> 3   |    |  |
| 7-26-90  | (505)                | 748-1                     | Title<br>471 |             | Title  | 9  | · · · · · · · · · · · · · · · · · · · |  |                       |              | _  |  |
| Date   |                      |                           | phone No     | ).          |  |  |                                       |  |                       | -            | -  |  |

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.