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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

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

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

<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 874:	NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION							3,0 + '		
I.										
Operator		OTHAN	SPORT OI	_ AND NA	TURAL G					
· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '							API No.			
Yates Drilling Company Address					30-045-28468					
105 South 4th Str	oot Arto	cio MM	00110						*	
Reason(s) for Filing (Check proper box	eer, Arte	sta, NM	00210	Oth	ner (Please expli	ain)				
New Well		Change in Tra	ansporter of:	ر_ و	ioi (i iouse capa	,				
Recompletion	Oil		y Gas							
Change in Operator	Casinghead		ondensate							
f change of operator give name										
and address of previous operator	LANDICA	CIE.								
II. DESCRIPTION OF WELL Lease Name			ol Name, Includ	ing Formation		Viad				
Bejunje Federal		2 Undesigna					of Lease Federal or Fee	1	ease No.	
Location			undesigna	ted Gail	.up			NM-	57164	
Unit LetterB		530 E	et From The	North		30 -	et From The _	East		
Omit Detter		rc	et rioin the	Lin	e and	<u>~~</u> re	et from the _	<u> </u>	Line	
Section 24 Town	ship 23N	Ra	inge 9W	, N	МРМ,	San Ji	ıan		County	
II. DESIGNATION OF TRA	NSPORTE	OF OIL	AND NATTI	DAL CAS						
Name of Authorized Transporter of Oi	1	or Condensate			ve address to wi	hich approved	copy of this fo	rm is to be se	ent)	
Giant Refining Co	لكا			1					,	
Name of Authorized Transporter of Ca		OF	Dry Gas		ex 256, F.					
			21, 043	Addicas (Oil	TE CARLO ESS 10 W	ист арргочеа	copy of this joi	rm is to de se	int)	
If well produces oil or liquids,	Unit	Sec. Tv	vp. Rge.	ls gas actuall	y connected?	When	?			
ive location of tanks.	I H	<u> </u>	23N 9W		No	1				
f this production is commingled with the V. COMPLETION DATA	nat from any othe	r lease or poo	l, give commingi	ing order num						
D T		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u> </u>	<u> </u>	X	.L	<u></u>			Ì	
Date Spudded	Date Compl	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
1-25-91		2-18-91			5035 '			5032'		
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
6824' Perforations	Gall	Gallup			4447'			4355 Tepth Casing Shoe		
							1			
4447'-4889'	าา	LIBING C	A SING AND	CEMENT	NC DECOR	<u> </u>		5030 '		
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			CACKS CENTRIT		
12 1/4"		8 5/8"						SACKS CEMENT		
7 7/8"					264'			230		
7 77 6		5 1/2"			5030'			790		
		x 			4355			15 192 1	A. A. S.	
. TEST DATA AND REQU	EST FOR A	LLOWAB	LE	J			100 E		W F In	
OIL WELL (Test must be after				be equal to or	exceed top allo	owable for thi	s de lite or be fo	or full 24 hou	(3)	
Date First New Oil Run To Tank	Date of Test				ethod (Flow, pu		10			
2-18-91	3-	3-20-91			Pump			APR 0 5 199 1 .		
		ibing Pressure			Casing Pressure			Choke Sige CON. DIV.		
24 hrs.	-	_			_					
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.		Water - Bbls.			Gas-MCF OIST. 3			
52		50			2			30.8		
GAS WELL							·			
Actual Prod. Test - MCF/D	Length of T	est		Bbls. Conder	asate/MMCF		Gravity of Co	ondensate	······	
					1					
esting Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIF		COMPLI	ANCE	1						
I hereby certify that the rules and re				(OIL CON	ISERV	ATION D	DIVISIO	N	
Division have been complied with a				11					. •	
is true and complete to the best of my knowledge and belief.					Date Approved APR 0 5 1991					
					Original Signed by CHARLES GHOLSON					
-ZONER J. Ke	Sknan			n	Original S	igned by Cl	HARLES GHO	LSON		
Signature				By_						

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

(505)

Signature Karen J.

Printed Name

Date

4-3-91

Leishman

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_

DEPUTY OIL & GAS INSPECTOR, DIST. #3

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

Production Clerk

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.