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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

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	<del></del> -			0111 011	- AND NATORA	L U/		API No.	<del></del>		
YATES PETROLEUM CORF	30–005–20826										
Address 105 South 4th St., A	rtoris	NIM C	0010	· · · · · · · · · · · · · · · · · · ·			. !				
Reason(s) for Filing (Check proper box)	iitesia,	NM C	88210	) 	Other /Plage			<del></del>			
New Well	Other (Please explain)										
Recompletion Change in Transporter of:  Oil Dry Gas					EFFECTIVE NOVEMBER 1, 1993 - OIL						
Change in Operator Casinghead Gas X Condensate					EFFECTIVE JULY 1, 1993 - GAS						
If change of operator give name					LITECTIVE	JUL	11 1, 17	93 - GA	<u> </u>		
and address of previous operator					<del></del>				·	<del></del>	
II. DESCRIPTION OF WELL Lease Name			Dool N	anna Inalisa	- F		7-22.	<del></del>			
Loveless LQ State	3	Pool N	<b>ame, Includ</b> mahawk				Kind of Lease Lease No. State, Flederal or Fee LG-2426				
Location								<del></del>		720	
Unit LetterE	<u> : 1980</u>	·	Feet Fr	rom The $\frac{N}{2}$	orth Line and _	660	Fe	et From The	West	Line	
Section 36 Township	, 7s		Range	31E	, NMPM,		Chaves			C	
										County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	OF OI or Conden	LAN	D NATU						· · · · · · · · · · · · · · · · · · ·	
Scurlock-Permian Corpo	Address (Give address to which approved copy of this form is to be sent) PO Box 4648, Houston, TX 77210-4648										
Name of Authorized Transporter of Casing Warren Petroleum Corp	Address (Give address to which approved copy of this form is to be sent)										
If well produces oil or liquids,		Sec. Twp. Rge.			PO Box 1589, Tulsa, Is gas actually connected?			OK /4101 Vhen ?			
give location of tanks.	В	36	7 S	31E	Yes			1-6-82			
If this production is commingled with that in IV. COMPLETION DATA	from any othe	r lease or p	oool, giv	e comming	ing order number:						
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well   Worko	ver	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	. Ready to	Prod.		Total Depth			P.B.T.D.	I		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations											
								Depth Casin	g Shoe		
	T	JBING,	CASI	NG AND	CEMENTING RE	CORI	)	1			
HOLE SIZE CASING & TUBING				SIZE	DEPTH SET			SACKS CEMENT			
				·							
			·			•	<del></del>			<del></del>	
V TEST DATA AND DECLES	T FOR A	LLOYUA	DYT								
V. TEST DATA AND REQUES OIL WELL Test must be after re					t						
Date First New Oil Run To Tank	be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)										
Length of Test	Tubing Pressure				Casing Pressure		Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
		<del></del>									
GAS WELL											
Actual Prod. Test - MCF/D	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	ATE OF		TAN	<u></u>		<u>_</u>				<del></del>	
VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
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 OCT 2 7 1993						
		<u>.                                    </u>			ll Date Appr	ovec	1		<del></del>		
Seante Dosdiess					D 08:0::						
Signatur Juanita Goodlett - Production Supervisor					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name Title						DIST	KICI I SUF	'EKVISOR			
10-25-93	t	505/74		71	Title						
Date	· <del></del> -		hone N								

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.