Submit 5 Copies
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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION ANSPORT OIL AND NATURAL GAS

Operator Operator								Well API No.			
YATES PETROLEUM CORPORATION								30-025-01097			
Address 105 SOUTH 4th	STREET,	ARTES	IA,	NM 882		er (Please expla	.:=)				
Reason(s) for Filing (Check proper box)		~'-	T	and an of	[Oth	er (Piease expia	un)·				
New Well		Change in XX			Effe	ctive Ju	ne 23, i	L992			
Recompletion — Transporter											
Change in Operator	Casingneau	Cas	Conce								
and address of previous operator	ANDIEA	CE.									
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including						ng Formation K			1 -	ase No.	
Sapphire ALE State 1 Lazy J Per						ın S			Federal of Fee V-3834		
Location Unit Letter I	. 198	0	Feet F	rom The	South Lin	e and <u>660</u>	Fe	et From The	East	Line	
Section 33 Township 13S Range 33E , NMPM,							Lea County				
III. DESIGNATION OF TRAN		R OF O	L AN	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil X or Condensate						Address (Give address to which approved copy of this form is to be sell)					
Enron Oil Trading & T	PO Box 1188, Houston, TX 77151-1188										
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)										
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?			nen ?			
If this production is commingled with that i	L					ber:					
IV. COMPLETION DATA		Oil Well		Gas Well	New Well		Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)		i		i	İ	<u> </u>	<u> </u>	<u>i</u>	<u></u>	
Date Spudded Date Compl. Ready to Prod.					Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casin	g Shoe		
	T	JBING.	CAS	ING AND	CEMENTI	NG RECOR	D				
HOLE SIZE CASING & T					DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ST FOR A ecovery of tol	LLOW ! al volume_	of load	i oil and must	be equal to or	exceed top alle	owable for the	s depth or be	for full 24 hou	·s.)	
Date First New Oil Run To Tank	Date of Test				Producing M	ethod (Flow, pi	ımp, gas lift, i	ic.)			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.				Water - Bbis.			Gas- MCF			
GAS WELL					150 6	0.04CF		Gravity of C	ondencate		
Actual Prod. Test - MCF/D	Length of Test				Bbis. 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	COMP	LIA	NCE		OIL CON	ISERV	ATION	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation 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						
San die											
Signature JUANITA GOODLETT	- PRODU	CTION	SUP	VR.	By_						
Printed Name 6-24-92		748-	Title 1471		Title			<u> </u>			
Date		Tele	phone	No.	11						

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.