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| SANTA FE               |     |
| FILE                   |     |
| U.S.O.                 |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| REGISTRATION OFFICE    |     |
| Operator               |     |

BW  
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## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

44492

Yates Petroleum Corporation

Address

207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☒

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

| Lease Name          | Well No. | Pool Name, Including Formation | Kind of Lease               | Lease |
|---------------------|----------|--------------------------------|-----------------------------|-------|
| Woodpecker SY State | 5        | Saunders Permo Upper Penn      | State, Federal or Fee State | LG 81 |

Location

Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The EastLine of Section 21 Township 14S Range 33E , NMPM, Lea Cour

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| Texas-New Mexico Pipeline Co.  | P.O. Box 2528, Hobbs, NM 88240   |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Warren Petroleum Co.   | P.O. Box 1589, Tulsa, OK 74101   |
| If well produces oil or liquids,<br>give location of tanks.  | Unit Sec. Twp. Rge. Is gas actually connected? When                      |
|  | A 21 14s 33e Yes 1-17-83   |

If this production is commingled with that from any other lease or pool, give commingling order number:

## COMPLETION DATA

| Designate Type of Completion -- (X) | Oil Well                    | Gas Well        | New Well          | Workover | Deepen | Plug Back | Same Res't. | Diff. Re |
|-------------------------------------|-----------------------------|-----------------|-------------------|----------|--------|-----------|-------------|----------|
| 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 Casing Shoe |          |        |           |             |          |

## TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

## TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top oil able for this depth or be for full 24 hours)

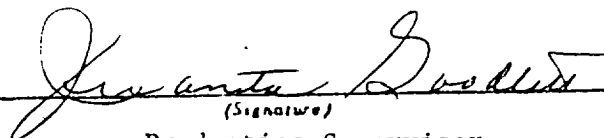
|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   | Gas-MCF    |

## GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test            | Bbls. Condensate/MCF      | Gravity of Condensate |
| Testing Method (prior, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

## CERTIFICATE OF COMPLIANCE

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.



Production Supervisor

(Title)

1-24-83

(Date)

2-1-83 R. Partners. R.D.

## OIL CONSERVATION DIVISION

JAN 26 1983

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_  
ORIGINAL SIGNED BY  
EDDIE W. SEAY

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.