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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

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

DISTRICT II P.O. Drawer DD, Anesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

7						AUTHURIZ TUDAL GA					
I. Operator	l	O THAI	1250	JH I UIL	ANU NA	TURAL GA		.Pl No.			
YATES PETROLEUM CORF	የ አጥፕ በላ	J									
Address	Oldilloi	· · · · · · · · · · · · · · · · · · ·									
105 SOUTH 4TH ST., A	Artesia.	. NM 8	8210)							
Reason(s) for Filing (Check proper box)		<u></u>			Oth	er (Please explai	n)				
change in Transporter of: EFFECTIVE JUNE 1, 1989											
Recompletion	Oil	1	Dry Gas	, <u>U</u>			· · · · · · · · · · · · · · · · ·				
Change in Operator	Casinghead		Conden	sate							
If change of operator give name and address of previous operator Mess	sperati Limite	ed Part	ners	ship, P	0 Box 2	009, Amar	illo, T	X 79189	-2009		
II. DESCRIPTION OF WELL											
Lease Name Compton State	Well No. Pool Name, late 1 Q if S 3			ime, Includi Stri	ng Formation D - Bonc	SPRING	Kind of State,	t Lease Lease No. LG -3425			
Location					7	, , , , , , , , , , , , , , , , , ,					
Unit Letter C: 330 Feet From The North Line and 1980 Feet From The West Line											
Section 35 Township	18S		Range	34E	, NI	мрм,		Le	ea	County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas or Dry Gas \					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	S∞.	Twp. 18	Rge. 34	Is gas actually connected? When			1-10 85			
If this production is commingled with that f IV. COMPLETION DATA	rom any othe	r lease or po	ool, giv	e commingl	ing order num	ber:					
D i a Tara Garataian	(%)	Oil Well	C	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -		1			Total Depth			D D # D		<u> </u>	
Date Spudded	Date Compl. Ready to Prod.				roal bepair			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
	77	IBING (A SIN	IG AND	CEMENTI	NG RECORD)				
HOLE SIZE	CASING & TUBING SIZE				CEMENTING RECORD DEPTH SET			SACKS CEMENT			
HOLE SIZE					DEI III GET						
			· · · · · · · · · · · · · · · · · · ·		<u></u> ,						
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE			4. 11	11.6.41		- 6.11.24 6	\	
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)										3.)	
Date First New Oil Run 10 Tank	Date of Test				, reducing	outou (* 1217) pro-	7,6	,			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
CACARELI	<u> </u>							1			
GAS WELL Actual Prod. Test - MCF/D Length of Test						Bbls, Condensate/MMCF			Gravity of Condensate		
Actual Prod. 1881 - MICIAD											
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COMPI	JAN	CE							
I hereby certify that the rules and regula				-02	(DIL CON	SERVA	ALION E	PIVIŞIQ	N	
Division have been complied with and that the information given above								JUN 7 1989			
is true and complete to the best of my knowledge and belief.					Date	. Approved					
						1 (
I yanda Zos dless					\parallel By_		ORIGINA	AL SIGNED	BY JERRY	SEXTON	
JUANITA GOODLETT - PRODUCTION SUPVR.					-, -			ISTRICT I S			

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

Printed Name

6-2-89

Date

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.

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

Title 505/748-1471

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.

RECEIVED

JUN 6 1989 OCD HORBS OFFICE