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

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department
OCT 24 '89
O. C. D. ARTESIA OFFICE
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION		Well API No. 30-005-61358
Address 105 SOUTH 4th STREET, ARTESIA, NM 88210		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Other (Please explain)		
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate		EFFECTIVE DATE 10-21-89
If change of operator give name and address of previous operator Mesa Operating Limited Partnership, PO Box 2009, Amarillo, Texas 79189		

Lease Name Camack Federal	Well No. 7	Pool Name, Including Formation Pecos Slope Abo	Kind of Lease State (Federal) or Fee	Lease No. NM22615
Location Unit Letter E : 1980 Feet From The north Line and 990 Feet From The west Line Section 12 Township 5S Range 24E, NMPM, Chaves County				

Name of Authorized Transporter of Oil Navajo Refining Co.		Address (Give address to which approved copy of this form is to be sent) PO Box 159, Artesia, NM 88210		
Name of Authorized Transporter of Casinghead Gas Transwestern Pipeline Co. (ATT: Aicklen)		Address (Give address to which approved copy of this form is to be sent) PO Box 2521, Houston, TX 77001		
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 12	Twp. 5	Rge. 24
Is gas actually connected? Yes		When? 10/7/82		

IV. COMPLETION DATA										
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.H.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 Part FD-3 11-12-89 cho up chg WT: PER

V. 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 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.)	
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/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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.	
Signature <i>Juanita Goodlett</i>	Title JUANITA GOODLETT - PRODUCTION SUPVR.
Printed Name 8-1-89	Telephone No. (505) 748-1471
Date	

OIL CONSERVATION DIVISION	
Date Approved	NOV 17 1989
By	ORIGINAL SIGNED BY MIKE WILLIAMS
Title	SUPERVISOR, DISTRICT II

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.