

OIL CONSERVATION DIVISION  
P. O. BOX 2000  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

RECEIVED

MAR 04 '88

O. C. D.  
ARTESIA OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATION	
PRODUCTION OFFICE	
OPERATOR	
LAND OFFICE	
FILE	
INDEX	
DISTRIBUTION	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
NATURAL GAS	<input checked="" type="checkbox"/>

I. Operator Yates Petroleum Corporation

Address 105 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

Other (Please explain) \_\_\_\_\_

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Beard QQ Federal</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Pecos Slope Abo</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-13402</u>
Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>18</u> Township <u>7S</u> Range <u>26E</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Navajo Refining co.</u>	<u>Box 159, Artesia, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Transwestern Pipeline Co.</u>	<u>Box 1188, Houston, TX 77001</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>C</u> Sec. <u>18</u> Twp. <u>7s</u> Rge. <u>26e</u>	<u>Yes</u> <u>3-2-88</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>11-11-82</u>	Date Compl. Ready to Prod. <u>12-8-82</u>	Total Depth <u>4400'</u>		P.B.T.D. <u>4395'</u>				
Elevations (DF, R.H., RT, GR, etc.) <u>3639.3' GR</u>	Name of Producing Formation <u>Abo</u>	Top Oil/Gas Pay <u>3819'</u>		Tubing Depth <u>3766'</u>				
Perforations <u>3819-53'</u>	Depth Casing Shoe <u>4395'</u>							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>14-3/4"</u>	<u>10-3/4"</u>	<u>837'</u>	<u>750</u>
<u>7-7/8"</u>	<u>4-1/2"</u>	<u>4395'</u>	<u>650</u>
	<u>2-7/8"</u>	<u>3766'</u>	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

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 <u>299</u>	Length of Test <u>8 hrs</u>	Bbls. Condensate/MCF <u>-</u>	Gravity of Condensate <u>-</u>
Testing Method (pump, back pr.) <u>Back Pressure</u>	Tubing Pressure (shut-in) <u>360</u>	Casing Pressure (shut-in) <u>PKR</u>	Choke Size <u>3/16"</u>

VI. 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.

J. Anita D. Valle  
(Signature)  
Production Supervisor  
3-2-88  
(Date)

OIL CONSERVATION DIVISION  
APPROVED APR 05 1988, 19  
BY Original Signed By Mike Williams  
TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1102.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated 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 conditions. Form C-104 must be filed for each pool in multi-