ibmit 5 Copies
ppropriate District Office
ISTRICT I
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

STRICT II
O. Drawer DD, Artesia, NM 88210

STRICT III 00 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION TO SERVATION DIVISION DIVISIONI D

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

TO TRANSPORT OIL AND NATURAL GAS

O. WAR API No.

PERIOD DEMOCIEUM CORDODATION						ARTES: 1. 90 5 5 15-21705					
YATES PETROLEUM COI	KPORAT.	LUN				44		017-71/07		<u> </u>	
Idress 105 South 4th St.,	Artes	ia, New	Mex	ico 88	3210						
eason(s) for Filing (Check proper box)		,				er (Please expla	ain)				
w Well		Change in	•		C	ORRECT TI	RANSPORT	ER FOR DRY	GAS.		
completion	Oil Dry Gas Casinghead Gas Condensate										
hange in Operator Library hange of operator give name	Casingnea	IU UAB	CONGCI					·		***	
l address of previous operator											
DESCRIPTION OF WELL	AND LE	ASE	,				1 1.1.	· · · ·		N1-	
ease Name	Well No. Pool Name, Including				State./			of Lease No. Frequently or Fee Fee			
Foster FF Com	1 Cemeter				ry Morrow Gas			1111 166			
ocation	. 198	Λ		C	South Lin	198	80Fe	et From The	last	Line	
Unit LetterJ	: 170		reet i	om ine	<u> </u>	c and					
Section 1 Township	20	S	Range	24E	, N	мрм,		Eddy		County	
	~~~	m er e:	r <b>v</b>	AF FEFFERS	0 1 7 C 1 C						
. DESIGNATION OF TRANSPORTER OF OIL AND NATUI						Address (Give address to which approved copy of this form is to be sent)					
avajo Refining Co.					PO Box 159, Artesia, NM 88210						
ame of Authorized Transporter of Casinghead Gas or Dry Gas X					Address (Give address to which approved copy of this form is to be sent)						
tes Petroleum Corporation				105 So. 4th St., Artesia, NM 88210							
well produces oil or liquids, e location of tanks.	Unit   Sec.   Twp.   Rge.   J   1   20s   24e			Is gas actuali YES	y connected?	When	? _2-20-76				
his production is commingled with that f	rom any otl	her lease or	pool, giv	ve comming!		ber:					
. COMPLETION DATA					<u>.                                    </u>	<del>,</del>	1	l n. n l.	. p .	hise n	
Designate Type of Completion -	· (X)	Oil Well	(	Gas Well X	New Well	Workover	Deepen	Plug Back San	ie Kes'v	Diff Res'v	
ate Spudded	Date Compl. Ready to Prod.			Total Depth	1		P.B.T.D.				
evations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
- Indiana - Indi								Depth Casing Shoe			
rforations								Z-1-21 Ozanib dii			
	•	TUBING.	CASI	NG AND	CEMENTI	NG RECOR	LD				
HOLE SIZE						DEPTH SET		SACKS CEMENT			
				<del></del>					Past ID-3 9-15-29		
		<del></del>				<del></del>		1-15- chy 6			
								NA O			
TEST DATA AND REQUES	T FOR	ALLOW	ABLE		J						
IL WELL (Test must be after re	covery of t	otal volume	of load	oil and must	be equal to or	exceed top allo	owable for thi	s depth or be for fi	dl 24 hour	rs.)	
ate First New Oil Run To Tank	Date of Te	est			Producing M	ethod (Flow, p	ump, gas iyi, e	ac.)			
ength of Test	Tubing Pressure			Casing Press	ure		Choke Size				
ugu or rea	rading ricesure										
ctual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
					<u> </u>		<del></del>				
GAS WELL					Into Cod	TOTAL AMOR		Gravity of Cond	ensale		
ctual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
sting Method (pitot, back pr.)	od (puot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
(k k, v		•									
I. OPERATOR CERTIFIC	ATE OI	F COMF	LIAN	NCE			ICEDY	ATION DI	VICIO	\NI	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					D=4-	Date ApprovedSEP 8 1989					
/)	- 44				Date	e Approve			· · · · · ·		
Lucinte Dacidetes					By_			AL SIGNED B	Υ		
Signature Juanita Coodlett, Production Supervisor					Dy -	MIKE WILLIAMS SUPERVISOR, DISTRICT 19					
Printed Name Title					Title	!	SUPERV	150K, DISTR	10111		
9-6-89	5	05/748				•					
Date		I ele	phone t	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.