Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Antesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED Revised 1-1-89
See Instructions
at Bottom of Page FEB 2 8 1001

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

O. C. D.

| ISTRICT III 200 Rio Brazos Rd., Aztec, NM 87410 | | | | | BLE AND | | ZATION | artesia, o | FFICE | | |
|--|---|--------------|----------|---------------------------------------|------------------|---|------------------------------|----------------------|------------------------|-------------|--|
| | | TO TRA | NSF | ORT OI | L AND NA | TURAL GA | AS | PI No | | | |
| Operator YATES PETROLEUM CORPORATION | | | | | | | Well API No. 30-015-26591 | | | | |
| Address | | | 882 | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| 105 South 4th St., Reason(s) for Filing (Check proper box) | Artesi | a, NM | 002 | :10 | Dit. | er (Please expl | ain) | | | | |
| New Well | | Change in | Transi | porter of: | | CAUNGH | EAD GAS | MUST N | OT BE | | |
| Recompletion | Oil | | Dry C | | | FLAGED / | | ' | | | |
| Change in Operator | Casinghe | ad Gas 🔲 | | ensate | | • | | • | • • | | |
| f change of operator give name nd address of previous operator | | | | | | UTILITS / KJ.E GT6 | | |): | | |
| I. DESCRIPTION OF WELL A | AND LEASE Well No. Pool Name, Includin | | | | ling Formation | ng Formation Kind o | | | f Lesse No. | | |
| Medano VA State | 3 Wildcat | | | | I Chank Y | | | Federalsen Ree | whether the V-120 | | |
| ocation | | | | | | | | | | | |
| Unit LetterF | : 23 | 10 | _ Feet l | From The _N | lorth Lin | e and165 | 0 Fe | et From The _ | West | Line | |
| | | | | | | | | | | | |
| Section 16 Township | 23 | <u>S</u> | Rang | e 31F | Й, | МРМ, | | Edd | у | County | |
| II. DESIGNATION OF TRAN | | | | ND NATU | | anddese 4- · · | high games and | come of the fe | la 4- k- : | | |
| Name of Authorized Transporter of Oil X or Condensate Pride Pipeline Co. | | | | | 1 | Address (Give address to which approved copy of this form is to be sent) PO Box 2436, Abilene, TX 79604 | | | | | |
| Name of Authorized Transporter of Casing | thead Gas | | or Dr | y Gas | | ve address to w | | | | int) | |
| If well produces oil or liquids, ive location of tanks. | Unit K | Sec. 16 | Twp. | | is gas actual | ly connected? | When | ? | | | |
| f this production is commingled with that it. V. COMPLETION DATA | | | | | | iber: | | | | | |
| Designate Type of Completion | - (X) | Oil Wel | l | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Date Spudded | Date Compl. Ready to Prod. | | | | Total Depth | • . | | | P.B.T.D. | | |
| 1-2-91 | 2-21-91 | | | | | 8130' | | | 8067 | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | | | 1 ' | Top Oil/Gas Pay | | | Tubing Depth | | |
| 3349 GR Canyon | | | | | 7791' | 1 | | | 7760 Depth Casing Shoe | | |
| 7791-7969' | | | <u> </u> | | An m | NO PECC |)D | | 30' | | |
| | · · · · · · · · · · · · · · · · · · · | | | | CEMENT | | | 1 | ACVC CEL | ENT | |
| HOLE SIZE | CASING & TUBING SIZE | | | | _ | DEPTH SET | | Redi-Mix Port ID - 2 | | | |
| 26" 17 } " | 13-3/8" | | | | 525' | | | 625 sx 3-8-9/ | | | |
| 11" | 8-5/8" | | | | | 4140' | | | 1600 sx 1 1600 sx | | |
| 7-7/8" | 5½" | | | | - | 8130' | | 1324 sx | | | |
| V. TEST DATA AND REQUES OIL WELL (fest must be after t | | ALLOW | | | us be equal to a | | lowable for the | <u> </u> | · | urs.) | |
| Date First New Oil Run To Tank Date of Test | | | | | | Producing Method (Flow, pump, gas lift, etc.) | | | | | |
| 2-3-91 | 2-21-91 | | | | | Pumping | 3 | Ta : =: | Choka Siza | | |
| Length of Test | Tubing P | | | | Casing Pres | sure | | Choke Size | | | |
| 24 hrs | | 30# | | | Water - Bbl | | | Opei Gas- MCF | <u>n</u> | | |
| Actual Prod. During Test 370 | Oil - Bbls. 157 | | | | 1 | 213 | | | 44 | | |
| GAS WELL | 17 | d Tan | | | Bhla Cord | ensate/A/B/CP | | Gravity of C | ondensate | | |
| Actual Prod. Test - MCF/D | Length of Test | | | | Bois. Conto | Bbls. Condensate/MMCP | | | STATIS OF STREET | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | | Casing Pres | Casing Pressure (Shut-in) | | | Choke Size | | |
| VI. OPERATOR CERTIFIC I hereby certify that the rules and regu Division have been complied with and | ilations of t | he Oil Cons | ervatio | a | | OIL CO | NSERV | | | | |
| is true and complete to the best of my | knowledge | and belief. | | | Da | te Approv | | | 2 8 199 | <u>1</u> | |
| Signature Juanita Goodlett - Production Supvr. | | | | | Ву | By ORIGINAL SIGNED BY MIKE WILLIAMS | | | | | |
| Juanita Goodlett - | troat | ICC TOIL | ոսիլ | / L . | . 11 | | SHOPPW | IRMP DIS | TOICT IS | | |

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

(505)

Printed Name

2-26-91

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

SUPERVISOR, DISTRICT IS

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

Title

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.