

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
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

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

#### I.

Operator YATES PETROLEUM CORPORATION	Well API No. 30-045-28989
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: <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

#### II. DESCRIPTION OF WELL AND LEASE

Lease Name Alamito ANR Federal	Well No. 1	Pool Name, Including Formation Alamito-Gallup Ext. 1039	Kind of Lease State, Federal or Fife	Lease No. NM 76842
Location Unit Letter N : 760 Feet From The South Line and 2080 Feet From The West Line Section 35 Township 23N Range 8W, NMPM, San Juan County				

#### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/> Giant Refining Company	Address (Give address to which approved copy of this form is to be sent) PO Box 256, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> 2811549	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 N Sec. 35 Twp. 23N Rge. 8W	Is gas actually connected? NO When ?

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 checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-2-93	Date Compl. Ready to Prod. 10-27-93	Total Depth 5065'	P.B.T.D. 5019'					
Elevations (DF, RKB, RT, GR, etc.) 6920' GR	Name of Producing Formation Gallup	Top Oil/Gas Pay 4688'	Tubing Depth 4651'					
Perforations 4688-4942'	Depth Casing Shoe 5065'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"	DEPTH SET 270'	SACKS CEMENT 180 sx - circulated					
7-7/8"	5-1/2"	5065'	945 sx - circulated					
	2-7/8"	4651'						

#### 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 10-27-93	Date of Test 10-27-93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 25	Casing Pressure 25	Choke Size Open
Actual Prod. During Test 75	Oil - Bbls. 35	Water - Bbls. 40	Gas- MCF 3

#### GAS WELL

Actual Prod. Test - MCF/D 70	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

*Juanita Goodlett*  
Signature  
Juanita Goodlett - Production Supervisor  
Printed Name  
11-8-93  
Date  
505/748-1471  
Telephone No.

#### OIL CONSERVATION DIVISION

Date Approved NOV 10 1993

By Original Signed by FRANK T. CHAVEZ

Title

#### 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.