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

DISTRICT II P.O. Drawer DD, Arlesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

| 000 Rio Brazos Rd., Aztec, NM 87410 | | | | | LE AND AUTHORIZA | | | | | |
|--|---|--------------------|------------|--------------|--|----------------------------------|---------------------------------------|---------------|------------|--|
| TO TRANSPORT OIL AND NATURAL GIA | | | | | | | Well API No. | | | |
| Yates Drilling Company | | | | | | 100,721,100 | | | | |
| ddress | parry | | | | | <u> </u> | | | | |
| 105 S. 4th Street. | Artesia, N | M 88 | 210 | | | | | | | |
| eason(s) for Filing (Check proper box) | ~ | | | | Other (Please explain | 1) | | | | |
| lew Well | Chan Oil | ige in Tran Dry | | 31: | Effective 1/1 | /91 | | | | |
| Recompletion Unange in Operator | Casinghead Gas | _ ` | densate | \Box | DITECTIVE 1, 1 | , , , _ | | | | |
| change of operator give name | | | | | | | | | | |
| d address of previous operator | | | | | · | | | | | |
| . DESCRIPTION OF WELL | | | _ | | | | | | | |
| Ase Name Lillie M. Yates Federal Well No. Pool Name, Including 1 Allison P | | | | | | Lease Lease No. NM-03283 | | | | |
| ocation | | | | | | | | | | |
| Unit Letter N | :660 | Fee | t From 7 | The _S | outh Line and 1924 | -6 Fo | t From The | West | Line | |
| Section 31 Townsh | nip <u>8S</u> | Rat | nge | 37E | , NMPM, Roo | sevelt | _ | | County | |
| T DESIGNATION OF TRAI | ህና ድ ር የፖርቲያ ር | E OIL. | א מא | JATTI | TAT. GAS | | | | | |
| II. DESIGNATION OF TRANSPORTER OF OIL AND NATUI Name of Authorized Transporter of Oil X or Condensate | | | | | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Enron Oil Trading & Transportation Co. | | | | | P.O. Box 1188. Houston, TX 77251-1188 | | | | | |
| Name of Authorized Transporter of Casi | | | Dry Gas | | | copy of this form is to be sent) | | | | |
| | 1,1, 1,2 | l | | | 1 | 1 ,,, | 0 | - | | |
| f well produces oil or liquids, ive location of tanks. | Unit Sec. | | | | Is gas actually connected" | When | 1 | | | |
| this production is commingled with tha | | | 8S_L | 37E | ing onler number | | | | | |
| V. COMPLETION DATA | t from any cance to | 01 100 | , <u>B</u> | | | | | | | |
| D | | l Well | Gas | Well | New Well Workover | Deepen | Plug Back Sa | ame Res'v | Diff Res'v | |
| Designate Type of Completion | | | <u> </u> | | 1 1 | | ll_ | | <u> </u> | |
| Date Spudded | Date Compl. Re | ady to Pro | xi. | | Total Depth | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | | Top Oil/Gas Pay | Tubing Depth | | | | |
| | | | | | | | | | | |
| Perforations | | | | | | | Depth Casing | Shoe | | |
| | TUD | INC. C | CINIC | AND | CEMENTING DECOR | | <u> </u> | | | |
| HOLE SIZE | TUBING, CASING AND CASING & TUBING SIZE | | | | DEPTH SET | SACKS CEMENT | | | | |
| HOLL SIZE | - Unsaid | 44 10011 | 10 012. | | | | 9. | ONO OEME | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | <u> </u> | | | |
| 7. TEST DATA AND REQUI | | | | | at ta ta ta | . 11. 6 4 | | | | |
| OIL WELL (Test must be after Date First New Oil Run To Tank | | olume of i | oad oil d | ind must | be equal to or exceed top allo Producing Method (Flow, pu | | | Juli 24 hour | 3.) | |
| Date First New Oil Run 10 128k | Date of Test | | | | 1 roddering ividation (Prow., par | <i>π</i> φ. gas 191, 1 | | | | |
| Length of Test | Tubing Pressure | c | | | Casing Pressure | Choke Size | | | | |
| | | | | | Con MCE | | | | | |
| Actual Prod. During Test | Oil - Bbls. | bls. | | | Water - Bbls. | | Gas- MCF | | | |
| CAC MEL | | | | | | | | | | |
| GAS WELL Actual Prod. Test - MCF/D | Length of Test | | | | Bbls, Condensate/MMC | | Gravity of Co | ndensate | | |
| | | | | | | | | | | |
| Festing Method (pitot, back pr.) | Tubing Pressur | e (Shut-in) |) | | Casing Pressure (Shut-in) | Choke Size | | | | |
| | | 0) 175 | · · · · · | | - | | <u>.l</u> | | | |
| VI. OPERATOR CERTIFI | | | | .L | OILCON | ISERV | ATION F | NIVISIO | N | |
| I hereby certify that the rules and re- Division have been complied with a | | | | | | • • | | | • • | |
| is true and complete to the best of n | | | | | Date Approve | Ч | ± ' | | | |
| | | | | | Bale Applicae | J | · · · · · · · · · · · · · · · · · · · | | | |
| Kaven J. Lush | ran | | | , | By | • | | 3 | | |
| Signature Karen J. Leishman | Pro | ductio | nn C1 | erk | | | | | | |
| Printed Name | 110 | | itle | N | Title | • | | | | |
| 12-21-90 | (50 | 5) 748 | | | I III C | | | | | |
| Date | | Teleph | ione 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.