## Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT P.O. Draw

## inergy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION

State of New Mexico

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

	OIL COMBER VILLE
TI	P.O. Box 2088
wer DD Artesia, NM 88210	07504 2000

Santa Fe, New Mexico 87504-2088

FER 1 0 1904

300 Rio Brazos Rd., Aztec, NM 87410	REQU	EST FO	RALL	OWABI	E AND A	UTHORIZ	ATION			σ,·  \_/	
TO TRANSPORT OIL AND NATURAL GAS							Well Al	Well API No.			
YATES PETROLEUM CORPORATION							- 1	30-005-60778			
YATES PETRULEUM CORPO	TALLOI									,	
105 South 4th St., Ar	tesia,	NM 8	8210		M ou	(Please explai	(a) Comm	ingled h	y Order	DHC-960	
leason(s) for Filing (Check proper box)		<b>G</b>	T-neenoe	ter of:							
New Well	0:1	Change in	Dry Gas	1 1		ka Morro		91% U11, 07 Oil	91% Gas	! !	
Recompletion	Oil Casinghea		Condens		Str	awn Pool		9% 011,	7% Gas	' 	
Change in Operator  I change of operator give name	- Catalignon										
nd address of previous operator											
I. DESCRIPTION OF WELL A	ND LE	ASE		<del> </del>			Kind o	f Lease	Le	ase No.	
Lease Name	Well No.   Pool Name, including			oka-Morrow Pool State, Fe			Federal pay Flee	L-67	779		
Long Arroyo OD State (	Com	1	LUnde	esignat	ed Straw	m_Pool					
Location I	233	LO	E. a E.	S	outh_Line	and 660	) Fe	et From The _	East	Line	
Unit Letter	:		reet rn					01	_	Country	
Section 14 Township	149	3	Range	27E	, N	MPM,		Chave	:S	County	
	מיים אומים	ED OF O	II AN	D NATI	RAL GAS						
III. DESIGNATION OF TRANS	orukii	or Conden	sate	<u></u>	Mumicae (Co.	e address to wi	hich approved	copy of this fo	orm is to be se	nt)	
Navajo Refining Co.				LAI		PO Drawer 159, Artesia, NM 88210					
Name of Authorized Transporter of Casing	head Gas		or Dry	Gas X	Address (Giv	e address to w	hich approved	copy of this follows:	copy of this form is to be sent) TX 77151–1188		
Transwestern Pipeline	Co.		1	l Bee	· · · · · · · · · · · · · · · · · · ·	y connected?	When		22 220		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. 14S	Rge.   27E	Yes			2-8-94			
If this production is commingled with that			_		ling order num	iber:					
IV. COMPLETION DATA	nom any o		1						la Postu	Diff Res'v	
		Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Dill Kes v	
Designate Type of Completion	- (X)				Total Depth	1	_l	P.B.T.D.	<u> </u>		
Date Spudded	Date Cor	npl. Ready t	o Proa.		10						
Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing F	ormation	n	Top Oil/Gas	Pay		Tubing Dep	oth		
Sievations (Dr., M.D., M.) Only									Depth Casing Shoe		
Perforations								Dopan cash			
		TUDDIC	CASI	INIC AND	CEMENT	ING RECO	RD				
		TUBING, CASING AND CASING & TUBING SIZE			CLIVILIVI	DEPTH SET			SACKS CEMENT		
HOLE SIZE	<del>                                     </del>	ASING & I	OBING								
								<del></del>			
			TABY Y	<del></del>							
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR	ALLOW	ABLE	s Loil and mu	st be equal to	or exceed top a	llowable for th	his depth or be	for full 24 ho	urs.)	
OIL WELL (Test must be after  Date First New Oil Run To Tank	Date of		e oj rodo	On Gran III	Producing 1	Method (Flow,	pump, gas lift,	, etc.)			
Date First New Oil Kun 10 14mm	)	•••						Choke Size			
Length of Test	Tubing	Tubing Pressure			Casing Pressure			Choke Siz			
				Water - Bbls.			Gas- MCF	Gas- MCF			
Actual Prod. During Test	Oil - Bb	ols.			TValo.						
			<del></del>								
GAS WELL Actual Prod. Test - MCF/D	Length	of Test			Bbls. Cond	lensate/MMCF		Gravity of	Condensate		
Actual Flot. Test - Mici/D							Chair C'	Choka Siza			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pre	Casing Pressure (Shut-in)			Choke Size			
			<del></del>		\r			l			
VI. OPERATOR CERTIFI	CATE (	OF COM	<b>MLIA</b>	NCE	ii		NSER'	VATION	I DIVISI	ON	
I hereby certify that the rules and reg	ulations of	the Oil Con	servation	1 nve		0.200					
Division have been complied with ar is true and complete to the best of m	y knowledg	ge and belief	PIACH WAY		∥ Da	te Approv	ved	FEB 1	0 1994		
Juanua So	odle	W			By				CTII		
Signature Juanita Goodlett - Production Supervisor				59	SIII	PERVISO	R. DISTRI				
Printed Name	TTOQUE	505/74	Title	, <u>, , , , , , , , , , , , , , , , , , </u>	Tit	le	=				
2-9-94					.    '"	. •					
Date		•	Telephon	e No.							

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.