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

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION ✓	Well API No. 30-005-60778
Address 105 South 4th St., Artesia, NM 88210	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input checked="" 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	

DEC 29 1993

II. DESCRIPTION OF WELL AND LEASE

Lease Name Long Arroyo OD State Com	Well No. 1	Pool Name, Including Formation Undesignated	Kind of Lease State, Federal or Fee	Lease No. L-6779
Location Unit Letter <u>I</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>14</u> Township <u>14S</u> Range <u>27E</u> , <u>NMPM</u> , <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 159 - Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2521 - Houston, TX 77001	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 14
	Twp. 14S	Rge. 27E
	Is gas actually connected? yes	When? 11-1-93

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

RECOMPLETION

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X						X
Date Spudded RECOMPLETION 10-25-93	Date Compl. Ready to Prod. 11-1-93		Total Depth 8220'		P.B.T.D. 7702'			
Elevations (DF, RKB, RT, GR, etc.) 3473' GR	Name of Producing Formation Strawn		Top Oil/Gas Pay 7587'		Tubing Depth 7455'			
Perforations 7587-7601'					Depth Casing Shoe 8162'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		298'		In place			
12-1/4"	8-5/8"		1600'		In place			
7-7/8"	4-1/2"		8162'		In place			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 200	Length of Test 24 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate NA
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 300	Casing Pressure (Shut-in) packer	Choke Size 3/16"

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.

Signature
Rusty Klein
Printed Name
December 22, 1993
Date
Production Clerk
Title
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 10 1994

By SUPERVISOR, DISTRICT II

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.