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

State of New Mexico
Department of Minerals and Natural Resources

RECEIVED

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Huerfano Rd., Aztec, NM 87410

I. Operator YATES PETROLEUM CORPORATION Well APT No. 30-005-60951
Address 105 SOUTH 4th STREET, ARTESIA, NM 88210
Reason(s) for Filing (Check proper box) ☒ Other (Please explain) ST
New Well ☐ Change in Transporter of: ☐ Dry Gas ☐
Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☒
Change in Operator ☒ EFFECTIVE DATE 10-21-89
If change of operator give name and address of previous operator Mesa Operating Limited Partnership, PO Box 2009, Amarillo, Texas 79189

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lake Tank Well No. 1Y Pool Name, Including Formation Pecos Slope Abo Kind of Lease State, Federal or (Fee) Lease No. _____
Location Unit Letter I : 1980 Feet From The south Line and 710 Feet From The east Line
Section 18 Township 6S Range 24E , NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Co. PO Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Co. (ATT: Aicklen) PO Box 2521, Houston, TX 77001
If well produces oil or liquids, give location of tanks. Unit I Sec. 18 Twp. 6 Rge. 24 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.D.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u>Post ID-3</u>
			<u>11-12-89</u>
			<u>chg RP</u>
			<u>chg LT: PER</u>

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	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.

Signature Juanita Goodlett
Printed Name JUANITA GOODLETT - PRODUCTION SUPVR.
Date 8-1-89 Title (505) 748-1471
Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved NOV 17 1989

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.