

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78

RECEIVED

NOV 14 '88

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.
ARTESIA, OFFICE

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DISTRICT OFFICE	
SANTA FE	
FILE	
U. S. D. I.	
LAND OFFICE	
TRANSPORTER	
OIL	
NATURAL GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator
Yates Petroleum CorporationAddress
105 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well ☒

Change in Transporter of:

Recompletion ☐Oil ☐Dry Gas ☐Change in Ownership ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Willow Creek Unit	Well No. 4	Pool Name, including Formation Pecos Slope Abo	Kind of Lease State, Federal or Fee	State	Lease No. LG-155
Location Unit Letter <u>G</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>31</u> Township <u>4S</u> Range <u>25E</u> , NMPM, <u>Chaves</u> County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) PO Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) PO Box 1188, Houston, TX 77001
If well produces oil or liquids, give location of tanks. Unit <u>G</u> Sec. <u>31</u> Twp. <u>4S</u> Rge. <u>25E</u>	Is gas actually connected? <u>Yes</u> When <u>11-4-88</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'y. <input type="checkbox"/> Diff. Res'y. <input type="checkbox"/>		
Date Spudded 12-18-83	Date Compl. Ready to Prod. 2-4-84	Total Depth 5525'	P.B.T.D. 4070'
Elevations (DF, RKH, RT, GR, etc.) 3839' GR	Name of Producing Formation Abo	Top Oil/Gas Pay 3668'	Tubing Depth 3810'
Perforations 3668-3809'			Depth Casing Shoe 4070'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	10-3/4"	878'	600
7-7/8"	4-1/2"	4070'	800
	2-7/8"	3810'	

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)

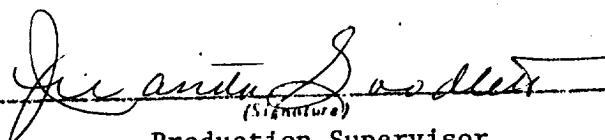
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 191	Length of Test 10 hrs	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 225	Casing Pressure (shut-in) PKR	Choke Size 3/16"

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.



Production Supervisor

11-11-88

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 6 1988, 19BY Original Signed ByTITLE Mike Williams

This form is to be filed in compliance with N.M.S. 11-2.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with N.M.S. 11-1.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Form C-104 must be filed for each pool in multiply