

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

RECEIVED

JAN 29 '88

C. C. D.  
ARTESIA, OFFICEREQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANITARY	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.D.A.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
NATURAL GAS	<input checked="" type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	
Operator	

Yates Petroleum Corporation

Address

105 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well

☒

Recompletion

☐

Change in Ownership

☐

Change in Transporter of:

Oil

☐

Dry Gas

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Whitworth RU State	3	South Pecos Slope Abo	State, Federal or Fee	State
Location				
Unit Letter	M	990 Feet From The	South	Line and
		660	Feet From The	West
Line of Section	12	Township	9S	Range
		26S	, NMPLA, Chaves 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining Co.	Box 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Transwestern Pipeline Co.	Box 2521, Houston, TX 77001					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	12	9s	26e	Yes	1-27-88

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 Holes	Diff. Holes
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
4-8-84	6-13-84	6456'	4950'					
Elevations (DI, RHH, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3804' GR	Abo	4862'	4800'					
Perforations			Depth Casing Shoe					
4862-74'			6454'					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	840'	500
7-7/8"	5-1/2"	6454'	2700
	2-7/8"	4800'	

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 all  
able 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1960	3 hrs	-	-
Testing Method (pump, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size
Back Pressure	300	PKR	1/2"

## VI. 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.

OIL CONSERVATION DIVISION	
FEB 11 1988	
APPROVED	19
BY	Original Signed By
	Mike Williams
TITLE	Oil & Gas Inspector

This form is to be filed in compliance with RULE 117.

If this is a request for allowable for a newly drilled or deeper  
well, this form must be accompanied by a tabulation of the deviat  
tests taken on the well in accordance with RULE 111.All portions of this form must be filled out completely for all  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own  
well name or number, or transporter, or other such change of conditSeparate Form C-104 must be filed for each pool in multi  
completed wells.

Production Supervisor

1-27-88

(Date)