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

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVEL

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

MAR 3 : 1993

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TC	J TRAN	USP	ORT OIL	AND NATI	JHAL GA	5	I No			
TO TRANSPORT OIL AND NATURAL GAS							A CII VI	Well API No. 30-015-24370			
YATES PETROLEUM CORPORATION											
ddress 105 South 4th St.,	Artesia	, NM	882	LO		(Please explai	<u> </u>				
eason(s) for Filing (Check proper box)					Other	(Please explai	<i>n)</i>				
ew Well	Oil	hange in T	i ranspe Dry Ga	7 1							
ecompletion X	Casinghead		Conde								
hange in Operator change of operator give name											
d address of previous operator										•	
. DESCRIPTION OF WELL	AND LEAS	SE		I - Indudia	- Eomatica		Kind o	Lease		ase No.	
case Name Federal CB Com		Well No.	HIII	lame, Includin ☐ Eagle	Creek P	ermo Per		ederal of Foe	/ NM	0439900	
ocation	. 660)	Feet F	rom The S	outh Line	and	30 F c	t From The	West	Line	
Unit Letter N : 000 Feet From the Section 15 Township 17S Range 25E							Eddy County				
II. DESIGNATION OF TRAN		OF OT	Τ. ΑΡ	ID NATUE	RAL GAS	_					
II. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil	SPORTER	or Condens	sale	X		address to wh	ich approved	copy of this fo	orm is to be se	nt)	
Javajo Refg. Co.				PO Box 159, Artesia, NM 88210 Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Casing	ghead Gas		or Dr	y Gas 💢	Address (Giw	e <i>adaress to wl</i> ith 4th	u <i>cn approvea</i> St Art	esia. N	M 88210		
Yates Petroleum Corpo			Im.	Rge.	Is gas actually connected?		When	rtesia, NM 88210 m? Reconnected			
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 15	Twp.	1 25	Yes		i	3-9-	93		
f this production is commingled with that					ng order numl	er:				·	
f this production is commingted with that V. COMPLETION DATA	HOIR any out	. Icase or	poor, g	,	J						
V. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen		Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	i	i	X	<u> </u>		<u> </u>	X	l		
Date Spudded RECOMPLETION	Date Comp	Date Compl. Ready to Prod.			Total Depth			P.B.T.D. 7545			
2-24-93		3-29-93			8150 '						
Elevations (DF, RKB, RT, GR, etc.)	I I	Name of Producing Formation			Top Oil/Gas Pay 6439'			Tubing Depth 6372'			
3530' GR	Cisco			0439			Depth Casing Shoe				
Perforations									8190'		
6439-6534'		TIDING	CAS	ING AND	CEMENTI	NG RECO	ND C				
		TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
HOLE SIZE	13	13-3/8"			345'			450 sx (in place)			
1/2		-5/8"			1160'			985 sx (in place)			
7-7/8"	4 1/2				8190'			625 sx (in place)			
2-3/8"				6372'							
V. TEST DATA AND REQUE		T T OXXI	ABL	E			u bla fam ek	is death or he	for full 24 ho	urs.)	
V. TEST DATA AND REQUE OIL WELL (Test must be after	recovery of to	otal volume	e of loc	id oil and mus	the equal to o	r exceed top at lethod (Flow,)	numn eas lift.	etc.)	. 10, 1		
Date First New Oil Run To Tank	Date of Te				Producing N	ietnou (<i>Flow, j</i>	, gus 191,	0.0.,	test	ID-2	
		Tubing Pressure		Casing Pressure			Choke Siz	c px	A Strat		
Length of Test	Tubing Pr							CHW	Permee / /		
Total Date Test	Oil - Bbls				Water - Bbl	s.		Gas- MCF		, ,	
Actual Prod. During Test	On - Bois	•									
								· · · · · · · · · · · · · · · · · · ·			
CACAMELI					Bbls. Cond	ensate/MMCF		Gravity of	Condensate		
GAS WELL Actual Prod. Test - MCF/D	Length of	Test				- (Chut in)			-		
Actual Prod. Test - MCF/D		24 hr						Choke Si	76.		
Actual Prod. Test - MCF/D 106					1 -	sure (Shut-in)		Choke Siz			
Actual Prod. Test - MCF/D 106 Testing Method (pitot, back pr.) Back Pressure	Tubing Pr	24 hr ressure (Sh psi	iut-in)		Casing Pres			9/64"	· ········		
Actual Prod. Test - MCF/D 106 Testing Method (pitot, back pr.) Back Pressure VI. OPERATOR CERTIFIE	Tubing Po 230 ICATE O	24 hr ressure (Sh psi F COM	iut-in) IPLI	ANCE	1 -		NSER\	9/64"	· ········	ION	
Actual Prod. Test - MCF/D 106 Testing Method (pitot, back pr.) Back Pressure VI. OPERATOR CERTIFI	Tubing Po 230 [CATE O	24 hr ressure (Sh psi F COM ne Oil Cons	nut-in) PLI servation	on	1 -	OIL CC	NSER	9/64' /ATION	DIVIS	ION	
Actual Prod. Test - MCF/D 106 Testing Method (pitot, back pr.) Back Pressure VI. OPERATOR CERTIFI I hereby certify that the rules and report of the project of the pro	Tubing Portion 230 [CATE Orgulations of the and that the information of the control of the contr	24 hr ressure (Sh psi F COM ne Oil Cons formation g	iut-in) PLI servatie	on	PKR	OIL CC		9/64' /ATION	DIVIS	ION	
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Actual Prod. Test - MCF/D 106 Testing Method (pitot, back pr.) Back Pressure VI. OPERATOR CERTIFI I hereby certify that the rules and repolition have been complied with a is true and complete to the best of manual signature Juanita Goodlett	Tubing Programme 230 ICATE Of gulations of the find that the infiny knowledge — Produ	24 hr ressure (Sh psi F COM ne Oil Cons formation g and belief.	IPLI servation Sup Ti 748	on bove Vr.	Da By	OIL CC	/ed ORIGIN	9/64" /ATION MAR S MAL SIGN WILLIAMS	I DIVIS 1 1993 ED BY		

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.