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Appropriate District Office
DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088

New Mexico 87504-2088

RECEIVED Revised 1-1-89
See Instructions
at Bottom of Page MAY 2 3 1991

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 874	10							ARTESIA, O	D. FFICE		
	REQU					<b>AUTHOF</b>		N	11100		
I.		TOTRA	<u>ansf</u>	ORT O	<u>L AND NA</u>	TURAL	GAS				
Operator							7	Vell API No.			
S. P. Yates Address											
105 South 4th Reason(s) for Filing (Check proper bo	Street, A	rtesia	, NM	88210							
	x) .		_		O₁	her (Please exp	plain)				
New Well		Change in									
Recompletion	Oil		Dry G								
Change in Operator	Casinghea	d Gas	Conde	nsate							
If change of operator give name and address of previous operator									<del></del>		
II. DESCRIPTION OF WEI	L AND LEA	\SE_									
Lease Name Robinson B	V							ind of Lease	Endont on Paris		
Robinson B 1			Gr	ayburg	Jackson	skson State			Federal or Fee LC-064073		
Unit Letter F	:2	2310	Feet F	rom The N	orth Li	ne and2	310	_ Feet From The _	West	Line	
Section 34 Town	nship 17S		Range	29E	<b>.</b>	D 470 4	r.d				
		· · · ·				МРМ,	Ed	dy		County	
III. DESIGNATION OF TR. Name of Authorized Transporter of Or				ID NATU							
·						Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining					P.O. Bo	x 159, A	<u>Artesi</u>	a, NM 882	10		
Name of Authorized Transporter of Ca	singhead Gas		or Dry	Gas	Address (Gi	ve address to w	which appr	oved copy of this fo	rm is to be se	ent)	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actually connected? When			/hen ?			
rive location of tanks.	F	34   17S   29E			No					_	
f this production is commingled with the V. COMPLETION DATA	aat from any othe	er lease or p	pool, giv	ve comming	ing order num	ber:					
Designate Type of Completic		Oil Well	<u> </u>	Gas Well	New Well	Workover	Deep	en Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	Ready to	Payl		Total Depth	L		1			
								P.B.T.D.	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas	Pay		Tubing Deptl	Tubing Depth		
Perforations					<u> </u>			Depth Casing	Shoe		
			·-			<del></del>					
1101 5 0175		TUBING, CASING AND				CEMENTING RECORD					
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET	Τ	s	SACKS CEMENT		
									<u>.</u>		
							· · · · · ·				
/. TEST DATA AND REQU OIL WELL (Test must be after											
Date First New Oil Run To Tank	r recovery of tole	al volume d	of load o	oil and must	be equal to or	exceed top all	lowable for	r this depth or be fo	r full 24 how	rs.)	
Date First New Oil Rull 10 12mk	Date of Test				Producing M	ethod (Flow, p	oump, gas l	ift, etc.)			
ength of Test	Tubing Pres	Tubing Pressure				ıre		Choke Size	Choke Size		
	I D. J. D. J. T.										
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCF		
GAS WELL					L						
tual Prod. Test - MCF/D Length of Test					Dble Ce-3	rate A A I CC			IC		
	Langui or 1					Bbls. Condensate/MMCF			Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
/I. 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.					OIL CONSERVATION DIVISION  Date Approved MAY 2 4 1991						
Karo O Y	1	٠				[- [ <del>-</del> . 0 . 0					
Signature Signature	mully	<u> </u>		<del></del>	By_			AL SIGNED B	Υ		
Karen J. Leishman	Pr	oducti	on C	:lerk	-, -			ILLIAMS			
Printed Name			Title		J			ISOR, DISTRI	CT If		

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

\_\_\_5-21-91 Date

- 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.

748-1471 Telephone No.

- 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.