## Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

## Form C-104 Revised 1-1-89 See in the first of the first o

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

## OIL CONSERVATION DIVISION P.O. Box 2088

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

APR 27 '90

I.						AUTHOR ATURAL G			C . D.	
Operator		/	TIVOL	ON OF	L AND IV	TIONALO	Well	API No.	ARTENA,, OPPICE	
YATES PETROLEUM C	ORPORAT	ION /					کھ ا	0-015-	00212	
105 South 4th St.,	Artesi	a, NM	8823	10						
Reason(s) for Filing (Check proper box)		Channa in	Т			ther (Please exp	•			
New Well	Oil	Change in	Dry Ga			EFFECTIVE	E APRIL	1, 1990		
Change in Operator	Casinghea	d Gas	Conden							
If change of operator give name and address of previous operator Ma	arathon	Oil C	ompan	ny, PO	Box 240	9, Hobbs	, NM 88	240		
II. DESCRIPTION OF WELL	AND LE	ASE							•	
Ease Name Well No. Pool Name, Include the Late V. Noel 1 Atoka-Pen								Lease No.		
Location									<u> </u>	
Unit Letter P	99·	0	_ Feet Fr	om The _	outh Li	ne and9	90 F	eet From The	East Line	
Section 20 Township	<b>.</b> 18	S	D	26	SE .	NMPM,		Eddy	Country	
Section 20 Townshi	p		Range		,,,	Mrm,	<del></del>	Eddy	County	
III. DESIGNATION OF TRAN	SPORTE						list as	( ( a) :- (	To the same	
Name of Authorized Transporter of Oil or Condensate X  Navajo Refining Co.								l copy of this form NM 88210	is to be sent)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas X						Address (Give address to which approved copy of this form is to be sent)				
Transwestern Pipeline Co.  If well produces oil or liquids, Unit   Sec.   Twp.   Rge.					<del></del>	ox 1188, lly connected?	Houston When	, TX 7700	)1	
give location of tanks.	Unit P	Sec. 20	Twp. 18	26 E	Yes	ny connected?	When	12-27	-60	
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, giv	e comming	ling order nun	nber:				
Designate Type of Completion		Oil Well	_i_	Gas Well	New Well	j	Decpen	Plug Back  Sar	ne Res'v Diff Res'v	
Date Spudded	Date Comp	ol. Ready to	Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations					<del></del>			Depth Casing Shoe		
TUBING, CASING AND								·····		
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT	
								F-4-91		
				· · · · · · · · · · · · · · · · · · ·	<del> </del>			rho	40 AD	
								0		
V. TEST DATA AND REQUES				il and must	he equal to o	r exceed ton all	owable for thi	s denth or he for fi	ull 24 hours)	
OIL WELL (Test must be after recovery of total volume of load oil and must be Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)				
								Choke Size		
Length of Test	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF		
GAS WELL	J				·			<u> </u>	<u> </u>	
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	CE			ICEDY	ATIONID	VICION	
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above					'	OIL CONSERVATION DIVISION				
is true and complete to the best of my k		_	SVOOR III		Date	e Approve	d	MAY '	7 1990	
1 × X									**************************************	
Signature Davids					By_	By ORIGINAL SIGNED BY				
UJuanita Goodlett - Production Supvr.					MIKE WILLIAMS SUPERVISOR, DISTRICT IF					
Printed Name 4-25-90	(50		3-147		Title					
Date		Teler	phone No	o.	11					

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.