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

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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III		Sa	inta re,	, New M	exico 8/3	04-2088		Į.	iph 3 S	JU .	
1000 Rio Brazos Rd., Aztec, NM 87410	REQ					AUTHOR			o. c. b		
. TO TRANSPORT OIL AND NATU							Well API No.				
YATES PETROLEUM CORPORATION							-	30-015-20722			
Address 105 South 4th St.,	Artesi	La, NM	8821	.0							
Reason(s) for Filing (Check proper box)		,				her (Please exp			······································		
New Well	Oil	Change in	Transpo Dry Ga			FFECTIVE HANGE WE		FROM: ST	ATE BK	#1	
Recompletion Change in Operator X	Casingher	ad Gas	Conden				TO:	TEXACO ST	ATE BK	#1	
f change of operator give name Tex	xaco Pr	coducin	g, Ir	ıc.; P	O Box 7	28, Hobb	s, NM 8	8240			
nd address of previous operator	ANDIE	ACE	0	1 00	F						
I. DESCRIPTION OF WELL Lease Name	Well No. Pool Mine, Including				ing Formation		Kind	of Lease	Lea	se No.	
Texaco State BK		1	Yate	s-Seve	n Riv	Q-Grbg	State,	Felderal lod I/ee	E-78	11	
Location L	23	310	Vest Fo	om The _S	outh ,.	ne and3	30 -	eet From The	West	Line	
Unit Letter	100		- 1.eer 1.u			-		-	•	_	
Section 36 Townshi	p 18S		Range	30E	, N	IMPM,	Eddy	·		County	
II. DESIGNATION OF TRAN	SPORTE			D NATU							
·						Address (Give address to which approved copy of this form is to be sent) Box 6196, Midland, TX 79711					
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas A						Address (Give address to which approved copy of this form is to be sent)					
Phillips 66 Natural Gas Co.						PO Box 5050, Bartlesvi			lie, OK 74005		
if well produces oil or liquids, ive location of tanks.	Unit L	Sec. 36	Twp. 18s	1 30e	Is gas actual Ye:	lly connected? S	When	?			
this production is commingled with that i	from any otl	her lease or	pool, giv	c commingl	ing order num	ıber:					
V. COMPLETION DATA		louw n			L N W. 11	I We town	I Down	l pro- poste les	Duelte	O'es Beete	
Designate Type of Completion	- (X)	Oil Well		ias Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth			P.B.T.D.	- -		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing Depth		
erforations								Depth Casing Shoe			
TUBING, CASING AND						CEMENTING DECORD					
HOLE SIZE	CASING & TUBING SIZE				CISIVIEIVII	DEPTH SET		SAC	SACKS CEMENT		
								Post ID-3			
								4-6	4-6-90		
	 							cho .	fillma	sue.	
. TEST DATA AND REQUES					I			1 200			
OIL WELL (Test must be after re			of load o	il and must					full 24 hours.,) 	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing Pressure				Casing Press	ure		Choke Size			
actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL	L		<u>-</u>					1			
Actual Prod. Test - MCF/D	Length of	Test	· · · · · ·		Bbls. Conden	sate/MMCF		Gravity of Con-	densate]	
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFICATE OF COMPLIANCE					OIL CONSERVATION DIVISION						
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OLE CONCENTATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date	Approve	ed	APR 5	1990		
We with the second											
Signature Day 1					By ORIGINAL SIGNED BY MIKE WILLIAMS						
Signature Juanita Goodlett - Production Supvr. Printed Name Title					SUPERVISOR DISTRICT IF						
3-26-90	(50		3-147		Title			- ,			
Date		Telej	phone No								

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