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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

State		
Transporter	Oil	Gas
Operator		

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	YATES PETROLEUM CORPORATION	Well API No.	30-015-21532
Address 105 SOUTH 4th STREET, ARTESIA, NM 88210			
Reason(s) for Filing (Check proper box)		<input type="checkbox"/> Other (Please explain) Split connection for gas.	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	*Gas Co. of New Mexico	
Change in Operator	<input type="checkbox"/>	**Transwestern Pipeline Co.	
	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Spencer ADE Com	Well No.	1	Pool Name, including Formation	Undesignated Atoka	Kind of Lease	State / Federal or Fee	Lease No.	Fee
Location									
Unit Letter	K		1650	Feet From The	South	Line and	1980	Feet From The	West
Section	1	Township	18S	Range	26E		NMPM,	Eddy	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 Refg. Co.		PO 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)				
Gas Company of New Mexico		PO Box 26400, Albuquerque, NM 87125				
Transwestern Pipeline Company		PO Box 1188, Houston, TX 78001				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	1	18s	26e		Yes	5-25-89

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 Res'v	Diff Res'v
		X				X		X
Date Spudded	RECOMPLETION	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
5-17-89		5-23-89	9150'		8855'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3286' GR	Atoka		8691'		8640'			
Perforations					Depth Casing Shoe			
8691-95'; 8718-21'					9150'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
20"	16"		195'		250 sx (in place)			
15"	11-3/4"		1217'		700 sx (in place)			
11"	8-5/8"		1960'		400 sx (in place)			
7-7/8"	4-1/2"		9150'		1400 sx (in place)			
	2-3/8"		8640'					

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 allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
		Post ID-2	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			9-8-89
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
			comp Ato.

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
959 mcf	24 hrs	-	-
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	140 psi	PKR	1/2"

VI. 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.

Signature
JUANITA GOODLETT - PRODUCTION SUPVR.
Printed Name
5-25-89
Date
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 31 1989

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.