| BIATE OF NEW MEXICO BY 700 MINEHALS DEPARTMEN | | ATION DIVISION | Form C-104 Revised 10-1-78 |
|--|--|---|--|
| the transmission | | ож 2 вв w мсхісо 87501 | |
| | | W MCXICO 87501 | |
| 4.0.8 | APR 10 1987 | DR ALLOWABLE | |
| AANSPORTEN 046 | • O. C. D. | AND | |
| ADRATION OFFICE | AUT IURIZARTESIA, OFFICE | SPOR OIL AND NATURAL GAS | |
| Yates Petro | leum Corporation | | |
| 105 South 4 | th St., Artesia, NM 88210 | | |
| eason(s) for filing (Check proper | boz) | Other (Please explain) CH | HANGE WELL NAME: |
| lew Well | Change in Transporter of: Cil Diy G | jos III | EEP UNIT #3 |
| hange in Ownership | Casinghead Gas Cond | TO: BENSON DE | SEP FEDERAL ET COM #1 |
| change of ownership give nar d address of previous owner_ | | | |
| ESCRIPTION OF WELL A | ND LEASE | - | |
| Benson Deep Federal | Well No. Pool Name, Including | Entre Fode | LC-0209/0D |
| | · | | |
| Unit LetterB; | 660 Feet From The North Li | Ine and <u>1980</u> Fect From | The East |
| Line of Section 33 | Tormship 18S Range | 30E , NMPM. | Eddy County |
| ESIGNATION OF TRANSP | ORTER OF OIL AND NATURAL G | AS | and some of this form in the bound |
| Cor. of Authorized Proispetter of | I Cil Conder.sale | Address (Give address to which appr BMI 159 M | Juna M. M. Solar Solar |
| are of Authorized Tonsporter of | Casinghead Gas or Dry Gas | Address (Give address to which oppr | oved copy of this form is to be sent) |
| Transwisterne (| Unit Sec. Twp. Rge. | Is gas actually connected? | hen |
| well produces oil or liquida, in ive location of tanks. | B 33 18 30 | Yus ! | 5-36-83 |
| this production is commingled OMPLETION DATA | s with that from any other lease or pool | | |
| Designate Type of Compl | etion - (X) Oil Well Gas Well | New Well Workover Deepen | Plug Back Some Resty, Diff. Fes |
| ate Spudded | Date Compl. Ready to Prod. | Total Derth | P.B.T.D. |
| lovations (DF, RKB, RT, GR, etc | c., Mame of Producing Formation | Top Oll/Gas Pay | Tubing Depth |
| verforation s | | | Depth Casing Shoe |
| | | | |
| HOLE SIZE | CASING & TUBING SIZE | D CEMENTING RECORD | SACKS CEMENT |
| | | | 1-17-27 |
| | | | chy well Hame |
| | | ofter recovery of total volume of load of | Il and must be equal to or exceed top all |
| EST DATA AND REQUEST | able for this c | Producing kiethod (Flow, purip, 101 | |
| ate First New Oil Run To Tanks | Date of Test | | |
| ength of Test | Tubing Pressure | Cosing Presews | Choke Slze |
| ctual Pred. During Test | Oll+Bbls. | Waist-Bbls. | Gas • MCF |
| | | <u>].</u> | |
| AS WELL | | Tible Condenatio Attick | Gravity of Condensate |
| cival Frod. Test-MCF/D | Length of Test | Bhls. Condensate/A94CF | |
| eeting Method (pitot, back pr.) | Tubing Pressue (Shut-in) | Cosing Pressure (Fhut-12) | Choke Site |
| ERTIFICATE OF COMPLI | ANCE | OIL CONSERVA | TION DIVISION |
| | ad annutations of the Oil Conservation | APPROVED APR 1 | |
| hereby certify that the rules and regulations of the Oil Conservation wision have been complied with and thet the information given ove is true and complete to the best of my knowledge and belief. | | Original Signed By BYLes A. Clements | |
| · · · · · · · · · · · · · · · · · · · | • | TITLE Superv | CLOBER STREET |
| · /) | - 8 | in the form is to be filed in compliance with nut to ther. | |
| Fin | Ja godleit | 11 II II I I I I I I I I I I I I I I I | owable for a newly dilled or deepen panied by a tabulation of the deviati |
| Production | Supervisor | toets taken on the well in ACC Att socions of this form a | nust be filled out completely for allo |
| 4- | 9-87 | Able on new and recompleted t | Walls. At the and VI for cheming of own- |
| (Date) | | Fill out only sections t, H. III, and the such thenge of conditi- well name or number, or transporter, or other such thenge of conditi- freparate Forms C-104 must be filed for each pool in multip | |