

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

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SANTA FE	<input checked="" type="checkbox"/>
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TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY  
SEP 21 1985  
O. C. D.  
ARTESIA, OFFICE

Yates Petroleum Corporation

207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well ☒ Change In Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Northwestern Shores XR Fed. 1	Well No. 1	Pool Name, Including Formation Four Mile Draw - Morrow Gas	Kind of Lease NM-34452 State, Federal or Fee Federal	Lease No.
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>36</u> Township <u>18S</u> Range <u>26E</u> , NMPM, <u>Eddy</u> 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"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2521, Houston, TX 77001	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 36
	Twp. 18s	Rge. 26e
	Is gas actually connected? <u>Yes</u> When <u>8-19-85</u>	

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't.	Diff. Res't.
		X	X					
Date Spudded 9-30-83	Date Compl. Ready to Prod. 11-11-83		Total Depth 9700'		P.B.T.D. 9664'			
Elevations (DF, RKB, RT, GR, etc.) 3277' GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 9405'		Tubing Depth 9368'			
Perforations 9405-9438'					Depth Casing Shoe 9700'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		551'		600			
12-1/4"	9-5/8"		1325'		538			
8-3/4"	5-1/2"		9700'		950			
	2-7/8"		9368'					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

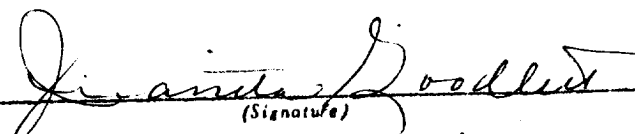
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 290	Length of Test 1 hour	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 1113	Casing Pressure (shut-in) Pkr	Choke Size 1/2"

VI. 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)  
Production Supervisor  
(Title)  
8-19-85  
(Date)

OIL CONSERVATION DIVISION  
SEP 24 1985

APPROVED \_\_\_\_\_, 19

Original Signed By  
BY Les A. Clements

TITLE Supervisor District II

This form is to be filed in compliance with RULE 110A.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiple completed wells.