

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OCT 16 1984

O. C. D.

ARTESIA, OFFICE

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator

Yates Drilling Company

Address

207 South 4th Street, Artesia, N.M. 88210

Reason(s) for filing (Check proper box)

☒ New Well ☐ Recompletion ☐ Change in Ownership

Change in Transporter of:

☐ Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Mesa 20-1 State	3	Artesia-Queen-Grybg-SA	State, Federal or Fee State	LG-3215

Location

Unit Letter M : 990 Feet From The South Line and 1650 Feet From The West

Line of Section 20 Township 18S Range 28E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	20	20	18	28		

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

Karen Leshman
(Signature)

Production Clerk
(Title)

10/16/84
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 18 1984, 19

BY LARRY BROOKS
GEOLOGIST - NMOC

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation 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 multiply completed wells.

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Page 2

IV. COMPLETION DATA

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Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
8/31/84	9/24/84			2339'			2339'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
3577' GL	Grayburg			2179'			2125'		
Perforations							Depth Casing Shoe		
2265'-67', 2272'-75', 2174'-79'							2337'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	364'	215 SXS.
7 7/8"	5 1/2"	2337'	200 SXS.
	3 1/2"	2125'	

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.)	
9/24/84	10/1/84	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	-	-	-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
53	20	33	40

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size