

30-015-25467

OLPID 25575

PROP 23082

POOI 3250

1043910-0

1043930-2

1043950-W

Oxford[®]

⊗ ESSELTE

MADE IN U.S.A.

NO. R753 1/3

• •

• •

2-24-86

Gamma Ray Neutron

District I
PO Box 1900, Hobbs, NM 88241-1900
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Branco Rd., Aztec, NM 87410
District IV
PO Box 2008, Santa Fe, NM 87504-2008

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Yates Petroleum Corporation 105 South Fourth Street Artesia, NM 88210		OGRID Number 025575
		Reason for Filing Code CH - effective 2-1-98
API Number 30 - 0 15-25467	Pool Name Atoka Glorieta Yeso	Pool Code 3250
Property Code 2308	Property Name Williams	Well Number 15

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
D	25	18S	26E		660	North	660	West	Eddy

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
Lee Code P	Producing Method Code P	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
015694	Navajo Refining Company P. O. Drawer 159 Artesia, NM 88210	1043910	O	Unit F - Section 25-T18S-R26E
009171	GPM Gas Corporation 4044 Penbrook Odessa, TX 79762	1043930	G	Unit F - Section 25-T18S-R26E

MAR 1998
RECEIVED
OCD - ARTESIA

IV. Produced Water

POD	POD ULSTR Location and Description
1043950	Unit F - Section 25-T18S-R26E

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Seals Cement	
				posted ID-3 3-27-98 H. K. G. P.

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Thg. Pressure	Cog. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules 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:

Printed name:

Rusty Klein

Title:

Operations Technician

Date: March 11, 1998

Phone: 505-748-1471

OIL CONSERVATION DIVISION

Approved by:

SUPERVISOR, DISTRICT II

Title:

Approval Date:

MAR 16 1998

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Herbert R. Spencer

Printed Name

Managing Member 3-12-98

Title

Date

H & S Oil, LLC. - Ogrid No.: 009572

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 21, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address H & S Oil LLC P.O. Box 186 Artesia, NM 88211-0186		OGRID Number 009572
		Reason for Filing Code CH 1/1/97
API Number 30 - 0 15-25467	Pool Name Atoka Glorietta Yeso	Pool Code 3250
Property Code 4855	Property Name Williams	Well Number 15

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
D	25	18S	26E		660	North	660	West	Eddy

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Loc Code State	Producing Method Code P	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
015694	Navajo Refining 501 E. Main, Artesia, NM	1043910	O	
009171	GPM Bartlesville, OK 74004	1043930	G	

IV. Produced Water

POD	POD ULSTR Location and Description
1043950	Water Disposal System

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations	DHC, DC, MC
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement		
			Part ID-3		
			2-14-97		
			dy of name		

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules 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:

Printed name: Herbert R. Spencer

Title: Managing Member

Date: Jan. 23, 1997

Phone: 505-746-6658

OIL CONSERVATION DIVISION

Approved by: SUPERVISOR, DISTRICT II

Title:

Approval Date: FEB - 5 1997

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Herbert R. Spencer

Printed Name

Co-Owner 1/23/97

Title Date

New Mexico Oil Conservation Division
C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15,025 PSIA at 60°.
Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

1. Operator's name and address
2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
3. Reason for filling code from the following table:

NW	New Well
RC	Recompletion
CH	Change of Operator (Include the effective date.)
AO	Add oil/condensate transporter
CO	Change oil/condensate transporter
AG	Add gas transporter
CG	Change gas transporter
RT	Request for test allowable (Include volume requested)

If for any other reason write that reason in this box.
4. The API number of this well
5. The name of the pool for this completion
6. The pool code for this pool
7. The property code for this completion
8. The property name (well name) for this completion
9. The well number for this completion
10. The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.
11. The bottom hole location of this completion
12. Lease code from the following table:

F	Federal
S	State
P	Fee
J	Jicarilla
N	Navajo
U	Ute Mountain Ute
I	Other Indian Tribe
13. The producing method code from the following table:

F	Flowing
P	Pumping or other artificial lift
14. MO/DA/YR that this completion was first connected to a gas transporter
15. The permit number from the District approved C-129 for this completion
16. MO/DA/YR of the C-129 approval for this completion
17. MO/DA/YR of the expiration of C-129 approval for this completion
18. The gas or oil transporter's OGRID number
19. Name and address of the transporter of the product
20. The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
21. Product code from the following table:

O	Oil
G	Gas
22. The ULSTR location of this POD If it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
23. The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
24. The ULSTR location of this POD If it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)
25. MO/DA/YR drilling commenced
26. MO/DA/YR this completion was ready to produce
27. Total vertical depth of the well
28. Plugback vertical depth
29. Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore.
30. Top and bottom perforation in this completion or casing shoe and TD if openhole

31. Inside diameter of the well bore
 32. Outside diameter of the casing and tubing
 33. Depth of casing and tubing. If a casing liner show top and bottom.
 34. Number of sacks of cement used per casing string
- The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.
35. MO/DA/YR that new oil was first produced
 36. MO/DA/YR that gas was first produced into a pipeline
 37. MO/DA/YR that the following test was completed
 38. Length in hours of the test
 39. Flowing tubing pressure - oil wells
Shut-in tubing pressure - gas wells
 40. Flowing casing pressure - oil wells
Shut-in casing pressure - gas wells
 41. Diameter of the choke used in the test
 42. Barrels of oil produced during the test
 43. Barrels of water produced during the test
 44. MCF of gas produced during the test
 45. Gas well calculated absolute open flow in MCF/D
 46. The method used to test the well:

F	Flowing
P	Pumping
S	Swabbing

If other method please write it in.
 47. The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report
 48. The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person