RE	CEIVED State of New Mexico								_	
Submit 5 Copies Appropriate District Office DISTRICT I	Energy, Minerals and Natural Resources Department							Form C- Revised See Inst	1-1-89 ructions	
P.O. Box 1980, Hobbs, NM 88240 JUL 14 '89OIL CONSERVATION DIVISION DISTRICT II P.O. Box 2088										
O. C. D. Santa Fe, New Mexico 87504-2088									#	
DISTRICT III ARTES 1000 Rio Brazos Rd., Aztec, NM 87410 I.	LICOLO	T FOR ALLC					Operator		担	
Operator YATES PETROLEUM CORPORATION					Well			API No. 0-015-26065		
Address 105 SOUTH 4th	10									
Reason(s) for Filing (Check proper box)	SIREEI, AF	CIESIA, NA			r (Please expla	in)				
New Well Change in Transporter of: Recompletion Oil Dry Gas										
Change in Operator	Casinghead Gas	<u> </u>								
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kin							of Lease	Le	ase No.	
Pierre AGF State Com	1 Red Lake Atoka-Morrow						Feddyryll by Dec	B-110		
Location Unit LetterA	: 660	Feet From T	The <u>N</u>	orth Line	and 66	0 Fe	et From The	East	Line	
Section 26 Township	, 18S	Range 2	7E	, NM	ſРМ,			Eddy	County	
III. DESIGNATION OF TRAN	SPORTER O	F OIL AND N	IATUI	RAL GAS						
Name of Authorized Transporter of Oil or Condensate Navajo Refg. Co.				Address (Give address to which approved copy of this form is to be sent) PO Box 159, Artesia, NM 88210						
Name of Authorized Transporter of Casinghead Gas or Dry Gas X				Address (Give address to which approved copy of this form is to be sent) PO Box 1188, Houston, TX 77001						
Transwestern Pipeline If well produces oil or liquids, give location of tanks.	Is gas actually connected? When ?									
If this production is commingled with that from any other lease or pool, give commingling order number:										
IV. COMPLETION DATA	loii	Well Gas V	Well	New Well	Workover	Deepen	Plug Back 5	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	į	Χ	X Total Depth			P.B.T.D.		<u>i</u>	
2-28-89	Date Compl. Ready to Prod. 4-14-89			10350'			10216'			
Elevations (DF, RKB, RT, GR, etc.) 3531.2 GR	Name of Produc Morro	-	Top OiVGas Pay 1.0067'			Tubing Depth 9998'				
Perforations								Depth Casing Shoe		
10067-10076' 10350' TUBING, CASING AND CEMENTING RECORD										
HOLE SIZE	CASING 20"	& TUBING SIZE	DEPTH SET			SACKS CEMENT Redi-Mix				
17½"	13-3/8"			324			610 sx			
12 ! "	8-5/8" 7-23/8"			2200' 10350' 9988'			1150 sx 1830 sx			
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR ALL	OWABLE	nd moved	he equal to or		wahle for thi	depth or he fo	e full 24 how	·e)	
Date First New Oil Run To Tank	covery of total volume of load oil and must Date of Test			Producing Method (Flow, pump, gas lift, et				. ,	,	
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Cas- MCF				
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls, Condensate/MMCF			Gravity of Co	ndensate			
1022 mcf/d	9 hrs		-			· -				
Festing Method (pitot, back pr.) Back Pressure	Tubing Pressure 150 ps		Casing Pressure (Shut-in) PKR			Choke Size 1/2"				
VI. OPERATOR CERTIFIC. I hereby certify that the rules and regula	ATE OF CO	MPLIANCE	Ξ	C	OIL CON	SERV	ATION E	IVISIC)N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Date	Date ApprovedJUL 1 7 1989					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature
JUANITA GOODLETT

Printed Name 7-13-89

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

ORIGINAL SIGNED BY

TAINE VICELIANDE SUPERVISOR DISTRICT IN

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

Telephone No.

- PRODUCTION SUPVR.

(505) 748-1471

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Fill out only Sections 1, 11, 111, and VI for changes of operator, well name or nt
 Senarate Form C-104 must be filed for each pool in multiply completed wells.