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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

## Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION P.O. Box 2088 P.O. Worden 87504-2088

DISTRICT II P.O. Drawer DD, Antesia, NM 88210		-	nta Fe,	P.O. Bo New Me	x 2088 xico 87504	1-2088				
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQI	JEST FO	OR ALL	_OWAB	LE AND A	UTHORIZ URAL GA	ZATION S			
I.	TO TRANSPORT OIL						Well A	_		
Operator YATES PETROLEUM CORPORATION						30-015-26116				
105 SOUTH 4th S	STREET	, ARTES	IA, N	м 882	10 Other	(Please expla	in)			
Reason(s) for Filing (Check proper box) New Well X RE-ENT		Change in	Transport	1 1	<u>ب</u>					
Recompletion	Oil Casinghe	ad Gas	Condens							
If change of operator give name and address of previous operator		·								
II. DESCRIPTION OF WELL	T 1: 11:	Kind o			f Lease	Lease No.				
Lease Name	te Name Well No. Pool Name, metter					State.			LC 060122	
Chalk AKH Federal Com		1	1				Fe	et From The	EastLine	
Unit LetterI	: <u>1980</u>	)	Feet Fro					Eddy	County	
Section 22 Township	, <u>18S</u>		Range	27E	, NN	IPM,		<u> </u>		
III. DESIGNATION OF TRAN	SPORTI	ER OF O	IL ANI	NATU!	RAL GAS	address to wi	hich approved	copy of this form	is to be sent)	
Name of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)  502 North West Avenue, Levelland, TX 79336					
Amoco Pipeline Intercorporate Trucking					Address (Give address to which approved copy of this form is to					
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX					105 South 4th St., Artesia, NM 88210					
Yates Petroleum Corporation    Unit   Sec.   Twp.   Rge					17 17 17 17 17 17 17 17 17 17 17 17 17 1					
If well produces oil or liquids, give location of tanks.	Unit   I	22	18	27	Yes			7-20-92		
If this production is commingled with that i	from any of	her lease or	pool, give	commingl	ing order numb	ег				
IV. COMPLETION DATA	•						<del></del> _	Plug Back Sa	me Res'v Diff Res'v	
		Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back  Sa	ine kes v   Ditt kes v	
Designate Type of Completion	- (X.)			_X	X Total Depth		<u> </u>	P.B.T.D.		
Date Spudded RE-ENTRY	Date Compl. Ready to Prod. 7-20-92				COTD 8590'			8516'		
2-15-92 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
3457 GR	Upper Penn				7662 <b>'</b>			7600 Depth Casing Shoe		
Perforations								859		
7662-7682		m innic	CASIN	IC AND	CEMENTI	NG RECOR	RD			
	<del></del>	TUBING, CASING AND				DEPTH SET		SACKS CEMENT		
HOLE SIZE		CASING & TUBING SIZE				1800'			1075 sx (in place)	
121"	8-5/8" 5½"				8590'			1075 sx		
7-7/8"	2-7/8"				7600'				8-7-92	
	1								cany 4/Kenn	
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE			: 	laurable for thi	s denth or he for	full 24 hours.)	
OIL WELL (Test must be after r	recovery of	total volume	of load o	il and must	Producing M	ethod (Flow, p	ump, gas lift,	etc.)	<u> </u>	
Date First New Oil Run To Tank	Date of Test				Floddeing Wi					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF		
Actual Flod. During 1960.										
GAS WELL					Bbls. Condensate/MMCF			Gravity of Cor	densate	
Actual Prod. Test - MCF/D	Length of Test				_ :			_	•	
1899	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shui-in)				PKR			42/64	411	
Back Pressure			PIIAN	ICE	1		1055	ATION	JVICION	
VI. OPERATOR CERTIFIC	AIE U	NA OIL CORE	rangon Tintur	·CL		OIL COI	NSERV	ATION D	NOICIVI	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above								1111 0 4	1002	
intrue and complete to the best of my knowledge and belief.					Date ApprovedJUL_3 0 1992					
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Suranta () as deter					By ORIGINAL SIGNED BY					
Signature JUANITA GOODLETT - PRODUCTION SUPVR.					MIKE WILLIAMS					

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

Printed Name

7-27-92

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

SUPERVISOR, DISTRICT IF

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

Title

Telephone No.

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.

  Separate Form C-104 must be filed for each pool in multiply completed wells.