						ral Resources Departr.				Form C-104 Revised I-1-89 U See Instructions G at Bottom of Page		
<u>DISTRICT II</u> P.O. Drawer DD, Anesia, NM 88210	OII	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088								- op		
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 I.	REQUES	TFOR	-		AUTHOF		N					
Operator	10	INANSI					cll Ai	PI No.		7		
Yates Energy Corporat	ion)15-26256						
Address P. O. Box 2323, Roswe	11, NM 882	02-2323	3 4	RECEIVED)							
Reason(s) for Filing (Check proper box,)			Ouh	er (Please exp	plain)						
New Well X	Cha Oil	nge in Trans		JUN 1'S	90							
Change in Operator	Casinghead Ga		lensate				.=					
If change of operator give name and address of previous operator				A DEL	·				•			
II. DESCRIPTION OF WEL	L AND LEASE											
Lease Name									Lease Lease No.			
Thornbush Federal	1 Und. San A			Indres		3		rederator Fee NM-2538		8		
Unit LetterN	. 330	Fast	From The Sc	outh	e and198	30	Engl	From The	West			
				LID	c and					Line		
Section 1 Town	ship <u>18-S</u>	Rang	<u>e 31-E</u>	<u>N</u>	MPM,	Edd	ly		·····	County		
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil		FOIL A	ND NATU	Address (Gi				opy of this forn]		
Koch. 011 Company Name of Authorized Transporter of Cas	inchesed Gas	or D	ry Gas	· · · · · · · · · · · · · · · · · · ·				1, TX 79				
Conoco, Inc.		Address (Give address to which approved a 10 Desta Drive West, Sui				te 627, 1	Midland,	TX 79				
If well produces oil or liquids, give location of tanks.	•					Is gas actually connected? When						
If this production is commingled with th	N 1	189						6-1-	7 <u>0</u>			
IV. COMPLETION DATA	at nom any oner la	nac or poor,	Ere continuity	ing order num								
Designate Type of Completic	(\mathbf{Y})	l Well	Gas Well		Workover	Deep	ca	Plug Back Sa	ume Res'v	Diff Res'v		
Date Spudded	Date Compl. Re	X]	•	Total Depth	<u> </u>			P.B.T.D.	I			
2/14/90	5/25/90					9060 ' Top Oil/Gas Pay						
Elevations (DF, RKB, RT, GR, etc.)									Tubing Depth			
<u>3770.0 GL</u> Perforations	4620'	4620				4624 ' Depth Casing Shoe						
4636-38'										•		
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE			CEMENTING RECORD				SACKS CEMENT			
17 1/2"		13 3/8"			350'				405 sks, circ. 63			
12 1/4"	8 5/	8 5/8"			2400'				1050 + 200 skscirc. 1			
7 7/8"		5 1/2" 2 3/8"			<u>9058*</u> 4624 '			<u>1555 sks. circ. 10</u>				
V. TEST DATA AND REQU			E	<u> </u>	4024							
	er recovery of total v	olume of low	d oil and musi						full 24 hours)		
Date Fina New Oil Run To Tank	Date of Test	00		-	lethod (Flow,		•	c.)				
4/19/90 Length of Test	Tubing Pressure	5/24/90 Tubing Pressure			Pump – Plunger Lift Casing Pressure				Choke Size			
24 hours.		210			400				1/2"			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls. 124.65			Water - Bbls. 13.31				Gas- MCF			
137.96	12	.4.00		13.	1		_	480	· · · · · · · · · · · · · · · · · · ·	· · · · ·		
GAS WELL Actual Prod. Test - MCF/D	Length of Test			Bhle Contr	BAR / LALINE	- <u> </u>		Gravity of Co-	Idensale			
	men par of 1 Mit	menkur or 1 cer			Bbls. Condensate/MNICF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressur	e (Shut-in)		Casing Press	aure (Shut-in)			Choke Size				
VI. OPERATOR CERTIF I hereby certify that the rules and re Division have been complied with a is true and complete to the best of n	gulations of the Oil and that the information	Conservation ion given ab	n		OILCC	NSEF	N VF			N		
		·····		Date	e Approv	/ed		JUN]	9 1990			
Thursd.	Same	hon					NI C	ICNED DV				
Signature Shanan R. Hamilton	-					By ORIGINAL SIGNED BY MIKE WILLIAMS						
Sharon R. Hamilton Printed Name		Title										
5/31/90 Date		623-49 Telephon			·			·· ···································				
Date		retebuou	c (w).									

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

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

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

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

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