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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Denartment

RECEIVED

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OCT - 6 1993

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	TO TE	RANSPO	ORT OIL	AND NAT	URAL GA	S	DV X V-			
perator			Well A		No.)15-27591					
YATES PETROLEUM COR		30 013 27371								
ddress 105 South 4th St.,	Artesia, NM	88210								
eason(s) for Filing (Check proper box)				بها	r (Please explai					
ew Well	Change	in Transpo			REQUEST TEST ALLOWABLE FOR OCTOBER, 1993					
ecompletion \Box	Oil	Dry Ga	_		OR 1750 BARRELS OIL. ERFORATIONS: 7024-7175' BONE SPRINGS					
hange in Operator	Casinghead Gas	Conden		PERFURA	TIUNS:	7024-71	/ DONI	SIRING	<u> </u>	
change of operator give name d address of previous operator									 -	
DESCRIPTION OF WELL	L AND LEASE									
ase Name Well No. Pool Name, Include				Ctote			of Lease No. Federal or Fee NM-28099			
Pennzoil MZ Federal	2	Wal	ters La	ke Bone	Springs	5,500		NM-20	099	
ocation	220		N	lameh	. 1650	· -	et From The	West	Line	
Unit LetterC	:330	Feet Fr	rom TheN	Of the Line	and 1650	re	et From Inc _			
Section 11 Towns	ship 18-S	Range	30-	E , N	ирм,	Ed	dy		County	
I. DESIGNATION OF TRA	NSPORTER OF	OIL AN	D NATUI	RAL GAS						
ame of Authorized Transporter of Oil	or Con	ndensate		Address (Giv	e address to wh					
EOTT Energy Corporation				PO Box 1188, Houston, TX 77251-1188 Address (Give address to which approved copy of this form is to be sent)						
ame of Authorized Transporter of Ca	singhead Gas	or Dry	Gas	Address (Giv	e address to wh	iich approved	copy of this f	orm is to be se	ni)	
	Unit Sec.	Unit Sec. Twp. Rge			Is gas actually connected? When			?		
well produces oil or liquids, ve location of tanks.	C 11	18	30	NO		i				
this production is commingled with the	nat from any other leas	e or pool, gi	ve commingl	ing order num	ber:					
. COMPLETION DATA							Dive Deele	Same Res'v	Diff Res'v	
Designate Type of Completion		Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	j iii kes	
Designate Type of Complete		Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
·				Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			n	10p 0.0			Tuoing Dopui			
erforations				<u> </u>			Depth Casin	ng Shoe		
	TUBING, CASING AND			CEMENTING RECORD			SACKS CEMENT			
HOLE SIZE	CASING	CASING & TUBING SIZE			DEPTH SET			SACKS OLIVIEW		
				 						
. TEST DATA AND REQU	JEST FOR ALLO	OWABLE	<u> </u>					e e.11 24 ha		
IL WELL (Test must be after	ter recovery of total vo	lume of load	i oil and mus	t be equal to c	r exceed top all	owable for th	is depth or be	for full 24 hos	urs.)	
Date First New Oil Run To Tank	Date of Test			Producing N	lethod (Flow, p	штр, усс тут,	e. c.,			
ength of Test	Tubing Pressure			Casing Pressure			Choke Size			
Penkai or rew	Tabing Tressie	1. Sing 1. Sin						Gas- MCF		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bols.			Gas- MCr		
GAS WELL				_1			10	Condensate		
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
				-\r						
VI. OPERATOR CERTIF	FICATE OF CO	MPLIA	NCE	ii ii	OIL CO	NSERV	'ATION	DIVISI	NC	
I hereby certify that the rules and a Division have been complied with	regulations of the Oil C	Conservation))Ve					1 9 1993		
Division have been complied with is true and complete to the best of	my knowledge and be	lief.	,	Dat	e Approve	ed	061	T 2 123	, 	
\sim 0	-			Dai	e whhink	Ju				
Lianta .	andlett			By		ORIGIN	IAL SIGNI	D.RV		
Signature JUANITA GOODLETT -	- PRODIICTION	SUPERV	ISOR	By			VILLIAMS			
Printed Name	TRODUCTION	Title		Titl	a			STRICT I	·	
10-6-93	505	/748-1		'"'	·					
Date		Telephone	e No.	- 11						

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.
- 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.