Submit 5 Copies
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 Department

See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

AUG 0 3 1992

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

Santa Fe, New Mexico 87504-2088 O. C. D.

•	HEQU	TO TOAN	JSP(	TOMAF	AND NA	TURAL GA	LA HOMM	Market Street, at 1	,		
I. Operator	- / 10 / 11/1	AND NATURAL GAS  Well API No.									
YATES PETROLEUM CORPORATION						30-015-05912					
Address 105 SOUTH 4t1	street,	ARTESI	[A, ]	NM 882	210						
Reason(s) for Filing (Check proper box)  New Well Change in Transporter of:  Recompletion Oil Dry Gas  Change in Operator Casinghead Gas Condensate						Other (Please explain) CHANGE WELL NAME FROM: BATE FEDERAL #1 TO: CHOLLADAGE FEDERAL #2					
I change of operator give name and address of previous operator											
•	T AND LE	CF									
I. DESCRIPTION OF WELL AND LEASE  Lease Name   Well No.   Pool Name, Included   Pool Nam										ease No.	
Cholla AGE Federal 2 Undes. Y					eso playe,			Federal or/Fee NM 58143			
Location Unit LetterI	. 1980	I	Feet Fro	om The _S	South Lin	e and	000 180 Fe	et From The _	East	Line	
Section 3 Town	ship 20S		Range	24E	, N	мрм,		Eddy		County	
III. DESIGNATION OF TRA	NSPORTE	R OF OII or Condense		D NATU	RAL GAS Address (Given	ve address to wh	ich approved	copy of this fo	rm is to be se	ent)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.	Unit	Sec.   1	ſwp.	Rge.	Is gas actual	y connected?	When	?			
If this production is commingled with the IV. COMPLETION DATA	at from any oth	er lease or po	ool, giv	e comming	ling order num	ber:					
Designate Type of Completic		Oil Well	i	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	Date Compi. Ready to Prod.				Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations		····		N				Depth Casing	g Shoe	, . ,	
TUBING, CASING AND					CEMENTING RECORD						
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
									001 I	92	
									8 2 1 - 1	00	
									12 0	P	
V. TEST DATA AND REQU OIL WELL (Test must be after	EST FOR A	LLOWA	BLE fload o	oil and musi	be equal to o	exceed top allo	wable for thi	s depth or be fo	or full 24 hou	urs.)	
Date First New Oil Run To Tank  Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	th of Test Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL								10	andar art		
ctual Prod. Test - MCF/D Length of Test						nsate/MMCF		Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIF  1 hereby certify that the rules and re Division have been complied with a	gulations of the	Oil Conserva	ation			OIL CON		ATION [		N	
is true and complete to the best of r	ny knowledge at	nd Dellel.			Date	e Approve			1		
Signature JUANITA GOODLET	<u> </u>	UCTTON	SUPV	/R.	By_	. 5	PRIGINAL PRICINAL	<u>SIGNED I</u>	BY T		
Printed Name 7-31-92			Title		Title		. Sude	ada, bisti	RICT IS		
7-31-92 Date	,,,,,,		hone N	ło.					فعد بينزنو		

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.