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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico

RECEIVED Energy, Minerals and Natural Resources Department

IIII 1 0 19 QIL CONSERVATION DIVISION

See Instruction at Bottom of 1

DISTRICT II P.O. Drawer DD, Anesia, NM 88210	1 0 19	ann C	ONS	P.O. B	ox 2088	1			νγ	
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 874998	1 C D	Da	ına ı c,	14CM 141	CXICO 0/304-2000					
1.	-	TO TRA	NSPO	ORT OIL	AND NATURAL GA	S				
Operator YATES PETROLEUM CO			Well API No. 30-015-20054							
Address 105 South 4th St.,	Artesia	a, NM	8821	.0						
Reason(s) for Filing (Check proper box)					Other (Please explain	n)				
New Well Recompletion Change in Operator	Oil Casinghea	Change in	Transpo Dry Gas Conden	. 🖳						
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LEA	SE								
ease Name Well No. Pool Name, Includi					· · · · · · · · · · · · · · · · · · ·				ase No. 1372	
Location	220									
Unit Letter A	_ :_330		. Feet Fro	om The _N	orth Line and 330) Fe	et From The	East	Line	
Section 8 Townshi	p 1	9s	Range	25E	, NMPM,		Eddy		County	
M DESIGNATION OF TO A	lenonge	D OF O	(V A N I	O NI A CONTI	DAK GAR					
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	(SPORTE	or Conden		D NATU	RAL GAS Address (Give address to which	ch approved	copy of this form is	to he se	n()	
•	Amoco Pipeline Intercorporate Trucking					PO Box 702068, Tylsa, OK 74170-2068				
Name of Authorized Transporter of Casin		_X	or Dry	Gas	Address (Give address to which				nt)	
Yates Petroleum Corpo If well produces oil or liquids,					105 South 4th St	······································				
give location of tanks.	I A	8 8	19s	25e	Is gas actually connected? Yes	When	7 7-4 - 91			
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, giv	e comming	ling order number:					
		Oil Well		ias Well	New Well Workover	Deepen	Plug Back Sam	e Res'v	Diff Res'v	
Designate Type of Completion	- (X)	.j x	i		<u>i i i</u>		X		X	
Dute Spudded RECOMPLETION 6-26-91	Date Compl. Ready to Prod. 7-8-91				Total Depth 9222 [†]		P.B.T.D. 8915			
Elevations (DF, RKE, RT, GR, etc.)	Name of P		rmation		Top Oil/Gas Pay	· · · · · · · · · · · · · · · · · · ·	Tubing Depth ,			
3563' GR	Canyon				7853'		7652 7652			
Perforations 7853-7899 1							Depth Casing Shoe 9097 1			
	T	UBING,	CASIR	NG AND	CEMENTING RECORD)	· !	·		
HOLE SIZE		SING & TL		SIZE	DEPTH SET			SACKS CEMENT		
121"		9-5/8"			1000'		630 sx (in place)			
8-3/4"		7"			3219'		- 	(in p		
61.	4½" 2-3/8"				9097'	600 sx	(in p	Lace)		
L V. TEST DATA AND REQUE	1				1332		<u> </u>			
_				oil and mus	t be equal to or exceed top allow	wable for this	t depth or be for fu	! 24 hou	rs.)	
ate First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)					
7-4-91	7-8-91				Pumping	Ichoka Sira 1 1 2				
Length of Test	Tubing Pressure				Casing Pressure		Choke Size	. ク	-19-96	
24 hrs Actual Prod. During Test	250 Oil - Bbls.				60 Water - Bbls		40/64 ¹ Gas- MCF		surp Kar	
1400	1	165			1235		385		/	
GAS WELL	_1						303			
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Condensate/MMCF		Gravity of Conde	nsale		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC	CATE OF	COM	PLIAN	NCE				41.5.		
I hereby certify that the rules and regu- Division have been complied with an	ulations of the	Oil Conse	rvation		OIL CON	SERV	ATION DI' 	VISIC	N	
is true and complete to the best of my			= x = x		Date Approved	d	Jul 16	1991		
Lands So	selli.	M			By ORIC	SINAL SI	GNED BY			
Signature Juanita Goodlett - Production Supvr.					MIKE WILLIAMS					

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

Printed Name

7-10-91

Date

(505)

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 IT

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

Title

748-1471

Telephone No.

- 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.