Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

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

ISTRICT III		
	JEST FOR ALLOWABLE AND A	
•	TO TRANSPORT OIL AND NAT	
perator		Well API No.
YATES PETROLEUM CORPORAT	TION	30-015-20128
Address		
105 South 4th St., Artesi	a, NM 88210	
leason(s) for Filing (Check proper box)	X Othe	r (Please explain)
lew Well	Change in Transporter of:	
Recompletion Dil	Dry Gas Effe	ective Date: January 1, 1991
Change in Operator Casinghe	ad Gas Condensate	
change of operator give name		
ad address of previous operator		<i>f</i>
I. DESCRIPTION OF WELL AND LE		
ease Name	Well No.   Pool Name, Including Formation	Kind of Lease No.

New Well		Change in	-	[n			_		_		
Recompletion	Oil	. <u>A</u>	Dry Ga		Effe	cti	ve Da	te: Ja	nuary 1	, 1991	
Change in Operator	Casinghead	Gas	Conden	isate		+-					
change of operator give name ad address of previous operator						<del>/</del>					
I. DESCRIPTION OF WELL A	ND LEA	SE				,					
Lease Name		Well No.	4		ng Formation			1	of Lease	<b>`</b>	ase No.
Carl TP Com			Sou	th Dag	gger Dr				Federal of Fee		
ocation	1.00	- 0		o.	+h		Penn			Woot	
Unit Letter K	:165	30	Feet Fr	om The	outh Line	and _	2220	Fe	et From The _	West	Line
Section 22 Township	20	os	Range	24E	, NI	IPM,	Ed	dy			County
II. DESIGNATION OF TRANS	SPORTE	R OF O	IL AN	D NATU	RAL GAS						
lame of Authorized Transporter of Oil	<b>K</b>	or Conder	nsale		Address (Give				copy of this fo		nt)
Permian Operating Limit		rtners							TX 7725		
Name of Authorized Transporter of Casingle Yates Petroleum C	head Gas orpora	ation	or Dry	Gas X	Address (Give 105 S.	addri 4t	h St	ich approved - Al	copy of this for tesia,	NM 8	8210
f well produces oil or liquids, ive location of tanks.	Unit   K	Sec. 22	Twp.   208	Rge. 3 24E	is gas actually	es	ected?	When		7-90	
this production is commingled with that fi	rom any oth	er lease or	pool, gi	ve comming	ing order numl	er:					<del></del>
V. COMPLETION DATA				<del></del>	1			D	L ps 0 t.	le p	Diff Res'v
Designate Type of Completion -		Oil Well	i_	Gas Well	New Well	Wor	kover	Deepen	İ	Same Res'v	Din kesv
Date Spudded	Date Comp	ol. Ready to	o Prod.		Total Depth				P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing F	ormation	<u> </u>	Top Oil/Gas	Pay			Tubing Dep	EIVED	<u>, ,, ,, ,, , , , , , , , , , , , , , ,</u>
Perforations	<u> </u>		<del></del> -	-	1				Depth Casin	4 <sup>Sho</sup> 190	
								_	DLC	14 00	
					CEMENTI			D	т с.	SACK CEM	CNT
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			ARTESIA, OFFICE					
									Portes	1703	
					<u> </u>				12-2	150	
									Pho IT	MRC	
, TEST DATA AND REQUES	T FOR A	LLOW	ABLE	<del>,</del>					7		
OIL WELL (Test must be after re	ecovery of to	otal volume	of load	oil and mus	be equal to or	excee	d top allo	wable for th	is depth or be	for full 24 hou	us.)
Date First New Oil Run To Tank	Date of Te	র			Producing M	ethod (	(Flow, pu	ımp, gas lift.	etc.)		
Length of Test	Tubing Pro	essure			Casing Press	ure	····		Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis	•			Gas- MCF		
CAC WELL					<u> </u>					<del></del>	
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	nsate/N	имск	• • • • • • • • • • • • • • • • • • • •	Gravity of	Condensate	
Photon Liver Look - MIGLID		,									
Testing Method (pitot, back pr.)	Tubing Pr	essure (Sh	ut-in)		Casing Press	ure (S	hut-in)		Choke Size	;	
VI. OPERATOR CERTIFIC	ATE O	F COM	PLIA	NCE			CON	ISERV	'ATION	DIVISI	)N

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

	•	-	
Signature Juanita Go	ta Go	allett	alG
Signature Juanita Go	odlett _	Production	Supvr.
Printed Name			Title
12-14-90		(505)_	748-1471
Date			Telephone No.

## DEC 1 4 1990

Date Approved \_ ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT IT Title\_

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.