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

RECEIVED

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

O. C. D.

SEP 10 '90

ARTESIA, OFFICE

DISTRICT III	Salita 1'e, New Mexico 67304-200
1000 Rio Brazos Rd., Aztec, NM 87410	
,,	REQUEST FOR ALLOWABLE AND AUTH
-	TO TO ANODODE OIL AND MATHO

-	REQ				ABLE AND						
Operator		TOTHA	INSI	OHI O	IL AND NA	TURAL G		API No.	 		
YATES PETROLEUM CO	RPORAT	CION		<u> </u>			Well	30 - 015-2	20426		
Address 105 South 4th St.,	Artesi	la, NM	882	210							
Reason(s) for Filing (Check proper box)					X Oth	er (Please exp	lain)				
New Well		Change in									
Recompletion X	Oil		Dry (_	Appro	ved Orde	er #R - 46	37, NSL-	-2845		
Change in Operator	Casinghe	ad Gas	Cond	ensate			<u>.</u>	· · · · · · · · · · · · · · · · · · ·			
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LE		T 				170: 1				
Lease Name Hill View AHE Federal	Com	Well No.			iding Formation gger Draw	Unner I		of Lease Federal on Fe	. 1	ease No. 045274	
Location			1 50	acii ba	bbci bian	оррег 1	· CIII / /	1,1,1	1 1111	043274	
Unit Letter N	:66	0	_ Feet	From The _	South Lin	e and19	980 F	eet From The	West	Line	
Section 23 Township	, 20S	· · ·	Rang	e 24E	, NI	мрм,	E	ddy		County	
III. DESIGNATION OF TRAN	SPORTI	ER OF O	IL A	ND NAT	URAL GAS						
Name of Authorized Transporter of Oil	X	or Conder			Address (Giv			l copy of this f	orm is to be se	ent)	
Navajo Refining Co.						159, A1					
Name of Authorized Transporter of Casing			or Di	y Gas	·			l copy of this f		ent)	
Yates Petroleum Corpo			1=					ia, NM 8	88210		
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 23	Twp.			y connected? es	When	n? 8 - 9-9()		
If this production is commingled with that IV. COMPLETION DATA	↓		<u> </u>		·		L	0-7-70	<u>,</u>		
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	X	i		1					X	
Date Spudded RECOMPLETION 7-31-90		Date Compl. Ready to Prod. 8-25-90			Total Depth	 36'		P.B.T.D. 7919'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
3682' GR	Canyon				76	7655'			7600'		
Perforations					<u> </u>			Depth Casir	g Shoe		
6676-6718' (tested no:	n-prod	uctive)); 7	655-78	00'			7919'			
		TUBING,	CAS	ING AN	D CEMENTI	NG RECO	RD	<u></u>			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
11"		8-5/8"				1580'			725 sx (in place)		
7-7/8"		5½"				7919'			400 sx (in place)		
	2-7/8"				7600'			Post #0-2			
	TE FOR	ALLOW	A FD T	P					9-18		
V. TEST DATA AND REQUES						areaed top al	lowable for th	is denth on he	for full 24 hou	BH	
OIL WELL (Test must be after r. Date First New Oil Run To Tank	Date of T		of toa	а он апа ти		ethod (Flow, p			or juit 24 nou	<i>(</i> 73.)	
8-9-90		25 - 90			Pump	•	.m., 200 .y.,	 .,			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
24 hrs		250			_	300			2"		
Actual Prod. During Test	Oil - Bbls.			Water - Bbis	Water - Bbis.			Gas- MCF			
2172	89	ı			2083			216			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conder	Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Press	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE O	F COMI	PLIA	NCE)II		ATION			
I hereby certify that the rules and regul Division have been complied with and	that the inf	ormation giv						ATION		אוע	
is true and complete to the best of my	knowledge	and belief.			Date	Approve	ed	SEP 1 8	1990		
Signature Sand	lús				By_			SIGNED E	3Y		
Juanita Goodlett -	Produ	ction S					TIKE WILL		UAT 46		
Printed Name 9-6-89	1	505) 74	Title 8-1		Title	S	UPERVIS	OR, DISTE	IICI II		
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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.

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.