Submit 5 Cepies
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, Artesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

O. C. D. ARTESIA, OFFICE

OCT 17'89

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUES	ST FOF	R ALL	OWAB	LE AND A	UTHORIZA	ATION			¥	
TO TRANSPORT OIL AND NATURAL GAS Well A								PI No.			
Operator YATES PETROLEUM CORPORATION							30	30-015-21523			
Address			38210								
105 South 4th St., A	\rtesia,	NM C	30210		Other	(Please explain	1)				
Reason(s) for Filing (Check proper box)	Ch	ange in Ti	ransporte	er of:						ĺ	
New Well  Recompletion	Oil		ry Gas								
Recompletion XX  Change in Operator	Casinghead G	as 🔲 C	Condensa	te 🗌							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL A	ND LEAS	E		V					1.	ase No.	
Lease Name	Well No.   Pool Name, including							of Lease Federal or Fee	Double		
Ross EG Federal Com									Ueet	,	
Unit Letter K	: 1980 Feet From The So				outh Line and 1980 Feet			et From The _	West	Line	
Section 20 Township	19S		Range	25E	, NM	IPM,		Eddy		County	
	CDODTED	UE UII	. AND	NATU	RAL GAS						
Name of Authorized Transporter of Cit					Address (Give address to which approved copy of this form is to be sent) PO Box 159, Artesia, NM 88210						
Navajo Refining Co.					Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casing Yates Petroleum Corpora	11040 000	· · · · · ·			105 So.	4th St.	, Artes	sia,NM 8	8210		
If well produces oil or liquids, give location of tanks.		sc.   20	Twp. 19s	Rge.   25e	Is gas actually Yes	connected?	When	10-13-8	9		
If this production is commingled with that f		lease or p	ool, give	comming	ing order numb	per:				<del></del>	
IV. COMPLETION DATA		Oil Well		as Well	New Well		Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	X	i.		i		l	I X	l	_l_X	
Date Spudded RECOMPLETION 9-24-89	Date Compl. Ready to Prod. 10-13-89			Total Depth	9450 <b>'</b>		P.B.T.D.	8155'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay 7798				Tubing Depth 7583		
3563' KB Canyon					//98			1	Depth Casing Shoe		
Perforations 7798–7841						<u></u>			9441'		
7790 7012					CEMENTI	NG RECOR	<u>D</u>	<del></del>	CACKS CEN	AENT	
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT  250 sx Pot ID-2			
17½"	13-3/8"			293' (in place				7 70			
121"	8-5/8"			1064'(in pla			Δ				
7-7/8"	4½"			9441'(in place			(e)	490 SX	comp. son		
	A CLOSE COL	·3/8"	जा ह		<u> </u>	7583 <b>'</b>					
V. TEST DATA AND REQUES OIL WELL (Test must be after to	recovery of total	il volume	of load o	oil and mus	t be equal to or	exceed top all	owable for th	is depth or be	for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of Test				Producing M	enion (From p	411p, 800 19-1	eic.)			
9-28-89	10-13-89					ping	Choke Size				
Length of Test	Tubing Pressure			Casing Pressure			32	32/64"			
24 hrs	230			110 Water - Bbls.			Gas- MCF				
Actual Prod. During Test	Oil - Bbls. 177			690			237				
867		_ <del></del> _									
CAS WELL  ctual Prod. Test - MCF/D   Length of Test					Bbls. Condensate/MMCF			Gravity of	Gravity of Condensate		
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
VI. OPERATOR CERTIFIC	CATE OF	COMI	PLIAN	NCE			VICE DI	/ATION	ופועום	ON	
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION OCT 3 1 1989					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date	e Approve	ed	UUI 3	7 1909		
S. S.	, , , , , , , ,	.,						SIGNED	RY		
Signature Production Super					∥ By_	By ORIGINAL SIGNED BY MIKE WILLIAMS					
District Name  Title					Title	C	UPERVIS	SOR, DIST	RICT 19		
10-16-89	(50	)5) 74 Tel	8-14 ephone								

- 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.