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Appropriate District Office
DISTRICT I

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State of New Mexico

Energy, Minerals and Natural Resources Department

See Instructions at Bottom of Page

P.O. Box 1980, Hobbs, NM 88240 DISTRICT II

JUL 25 789 IL CONSERVATION DIVISION

P.O. Drawer DD, Artesia, NM 88210	•	Santa	Fe, New Me	ox 2000 exico 8750	04-2088					
1000 D' D DJ A-4 NR / 97410). C. D.									
AKI			ALLOWAE					•		
TO TRANSPORT OIL AND NATURAL GAS							API No.			
Operator YATES PETROLEUM CORPORATION							30-015-21934			
Address				**						
105 South 4th St.,	Artesia,	New M	lexico 88	3210						
Reason(s) for Filing (Check proper box)	_				er (Piease expla			· · · · · · · · · · · · · · · · · · ·	00	
New Well Recompletion	Oil Cr	ange in Tra	. —		GAS CON			VE /-24	-09.	
Change in Operator	Casinghead G	`	ndensate		Lips Petr					
If change of operator give name										
and address of previous operator										
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Includin						Kind o	(Lease	Le	ase No.	
North Millman Unit 1 Millman S					State			Federal or/Feo E-641		
Location		t								
Unit LetterG	: 1980	Fee	et From The _N	orth Lin	e and19	80F	et From The	East	Line	
7	, 19S	_	nge 28E	`	400 4	1	Eđdy		Country	
Section / Township	, 175	R2	nge ZOE	, NI	мрм,		Eddy		County	
III. DESIGNATION OF TRAN	SPORTER	OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil		Condensate		Address (Give address to which approved copy of this form is to be sent)						
Navajo Refining Co.				PO Box 159, Artesia, NM 88210						
Name of Authorized Transporter of Casinghead Gas or Dry Gas X				Address (Give address to which approved copy of this factorial Plaza Office Bldg., Bart				esville	OK 74004	
Phillips Petroleum Co. well produces oil or liquids, Unit Sec. Twp. Rge.				· · · · · · · · · · · · · · · · · · ·			-		o Nat. Gas	
give location of tanks.	G		19 28 <u> </u>	YES		7-2	4 – 89 – I	hillips	Petroleum	
If this production is commingled with that f	from any other l	ease or pool	l, give commingl	ing order num	ber:					
IV. COMPLETION DATA	16	oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		n wen	X	New Well	Workeren	Dapa	1 Idg Dack	joanie Res v		
Date Spudded	Date Compl. I	Ready to Pro	xd.	Total Depth	A	1	P.B.T.D.			
					Top Oil/Gas Pay					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Olivoas Pay			Tubing Depth			
Perforations	L			J			Depth Casin	g Shoe		
							<u></u>			
TUBING, CASING AND				CEMENTI		D				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR AL	LOWABI	LE	he count to an	avered top all	unable for this	denth or he i	or full 24 hour	re)	
OIL WELL (Test must be after red Date First New Oil Run To Tank	Date of Test	volume of to	oaa ou ana musi	Producing M	ethod (Flow, pu	mp, gas lift, et	ic.)	Or juli 24 11000	3./	
DECTIFICATION ON NON-10 THINK	Date of Yes				•					
Length of Test	Tubing Pressure			Casing Pressure Water - Bbis.			Choke Size			
							Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			Water - Bork	•					
CAC MENT	<u> </u>			<u> </u>	· · · · · · · · · · · · · · · · · · ·		·			
GAS WELL Actual Prod. Test - MCF/D	Length of Tes		·	Bbis. Conder	sate/MMCF		Gravity of C	ondensate		
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size	Choke Size		
				ļ,			<u> </u>			
VI. OPERATOR CERTIFIC				\parallel	OIL CON	ISERV	ATION	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					J.L J J.				•	
is true and complete to the best of my knowledge and belief.				Date	Approve	d	Jill 3	7 9 ১৬		
X	1,5				1			•	-	
Su finde Dardet				∥ By_	By ORIGINAL SIGNED BY					
Signature Juanita Goodlett, Production Supervisor				MIKE WILLIAMS Title SUPERVISOR, DISTRICT IF						
Printed Name	505	Tit 748 – 14/		Title		SUPERVIS	UK, UIST	1314 F	·····························	
7-24-89 Date	505	Telepho								

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.