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

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

IV. COMPLETION DATA

Designate Type of Completion - (X)

DISTRICT III

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVE Revised 1-1-89 See Instructi at Bottom of Pag

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JAN 19'89

Plug Back Same Res'v

X

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DISTRICT III						(), C.	D.	
1000 Rio Brazos Rd., Aztec, NM 87410	REQU	JEST FO	OR ALL	_OWAB	LE AND AUTHORIZAT	ION ARTESIA, C		
ĭ.	•	TO TRA	NSPO	RT OIL	AND NATURAL GAS			
Operator						Well API No.		
Yates Petroleum Corporation						30-015-23315		
Address								
•	Artesi	a. NM	88210					
105 South 4th St., Artesia, NM 88210 Reason(s) for Filing (Check proper box) Other (Please explain)								
New Well Change in Transporter of:								
De Cor De Cor De Cor De Cor De Cor De Cor De La Cor De Cor								
Change in Operator								
If change of operator give name and address of previous operator								
II. DESCRIPTION OF WEST						Kind of Lease	Lease No.	
Lease Name		Well No.	1		GPPCI ICHA	State, Federal or Fee	NM 36500	
Cotton MX Federal 11	M	11	Undes	. No.	Dagger Draw-	<u></u>	111 30300	
Location	,				27.22		17	
Unit Letter C	::	310	Feet From	m The <u>No</u>	orth Line and 2180	Feet From The	West Line	
OM Dette:							_	
Section 14 Township	19S		Range	25E	, NMPM,	<u>Eddy</u>	County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS								
Name of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)			
Navajo Refining Co.			L	PO Box 159, Artes				
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Yates Petroleum Corporation				Address (Give address to which approved copy of this form is to be sent)				
				105 South 4th St., Artesia, NM 88210				
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?		
give location of tanks.	C	14	19s_	25e	YES	1-14-89		
If this production is commingled with that from any other lease or pool, give commingling order number:								

Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded RECOMPLETION 9015 94801 1-16-89 8-17-88
Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Tubing Depth Name of Producing Formation <u>7640'</u> 76881 3430' GR Canyon Depth Casing Shoe 9480' 7688-7693' TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 416' 400 sx (in place) 17 11 13-3/8" 121" 8-5/8" 1230' 700 sx (in place) 9480**'** 300 sx (in place) 5<u>}</u>" 7-7/8" V. TEST DATA AND REQUEST FOR ALLOWABLE 7640'

New Well Workover

Deepen

Gas Well

Oil Well

X

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test 1-16-89 Pumping 9-3-88 Choke Size Casing Pressure Tubing Pressure Length of Test 2" 45# 45# 24 hrs Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls.

154 2787 60 2847 **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Choke Size Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Testing Method (pitot, back pr.)

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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. an alles Signature Juanita Goodlett, Production Supervisor Title Printed Name 505/748-1471 1-18-89 Telephone No. Date

OIL CONSERVATION DIVISION

JAN 2 7 1989 Date Approved Original Signed By Mike Williams 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
- 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.