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

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

State of New Mexico Energy, Minerals and Natural Resources Department

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

650 sx (in place)

1110 sx (in place)

1050 sx (in place)

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III		Jane	a 1 c, 1 1c w 1410	JAICO 0750	2000				
1000 Rio Brazos Rd., Aztec, NM 87410	REQU	JEST FOR	R ALLOWAE	BLE AND	AUTHORIZ	ZATION			
I.			ISPORT OIL			\S			
Operator					7		Pl No.	_	
YATES PETROLEUM CO	RPORAT	ION			<u> </u>	30-0	015-2419	1	
Address				9					
105 South 4th St.,	Artesi	a, NM 8	88210					₩ €D	
Reason(s) for Filing (Check proper box)				Oth	er (Please expla	iin)	1477	(ABCD)	
New Well		Change in Ti	ransporter of:						
Recompletion XX	Oi1	ם 🗀 ם	ry Gas					- 100	
Change in Operator	Casinghea	d Gas 🔲 C	Condensate				JUN_	18 '90	
If change of operator give name and address of previous operator							<u> </u>	<u>.</u> D.	
W DECEDIMINALOR WELL	ANDIE	CE					_	A OFFICE	
II. DESCRIPTION OF WELL A	AND DEA		ool Name, Includi	ng Formation		Kind o	of Lease		ase No.
Eng TX Federal		1	North Dag	ger Draw	Upper P				25865
			north bug	801 214	OFF				
Location	. 25	25		North	58	<i>l</i> i .		West	
Unit LetterE	_ : <u></u>	<u> </u>	eet From The	North Line	and	Fe	et From The _	WC5C	Line
Section 35 Township	. 19	c 5	ange 24	E sn	мрм,	E	ddy		County
Section 33 Township		K K	tange 24	, INI	VIFIVI,			 	County
III. DESIGNATION OF TRANS	SPARTE	R OF OIL	. AND NATII	RAL GAS					•
Name of Authorized Transporter of Oil		or Condensa		Address (Giv	e address to wh	ich approved	copy of this fo	rm is 10 be se	ns)
Navajo Refining Co.	X		<u> </u>	PO Box	159, Art	esia, N	M 88210)	
Name of Authorized Transporter of Casing	head Gas	[X] o	r Dry Gas		e address to wh				nt)
Yates Petroleum Corpor	ation			105 So.	4th St.	, Artes	ia,NM 88	3210	
If well produces oil or liquids,	Unit	Unit Sec. Twp. Rge. Is gas actually connec			y connected?	ted? When ?			
give location of tanks.	E	35 i	19 sj 24 £	Yes		i 6-	8-90		
If this production is commingled with that f	mm any oth	er lease or po	ol. give comming	ing order num	per:				
IV. COMPLETION DATA			, 8						
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion -	· (X)	X	i	i	İ	i	X		i X
Date Spudded		ol. Ready to P	rod.	Total Depth	L	.	P.B.T.D.		
5-31-90	6-12-90			9284'			7833' Pert FD-2		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth 7-6-91		
3696' Gr	Canyon			7652 '			7590 James & BK		
Perforations Depth Casing Shoe					/				
7652-7734'									
	ำ	UBING. C	ASING AND	CEMENTI	NG RECOR	D		·	
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
26"	20"			40'			RediMix (in plac		

V. TEST DATA AND REQUEST FOR ALLOWABLE /2-7/8" - 7590'/
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.)

13-3/8"

8-5/8"

Date First New Oil Run To Tank 6-8-90	Date of Test 6-12-90	Producing Method (Flow, pump, gas lift, etc.) Flowing			
Length of Test 24 hrs	Tubing Pressure 925	Casing Pressure Pkr	Choke Size 17/64"		
Actual Prod. During Test 369	Oil - Bbls. 18	Water - Bbls. 351	Gas- MCF 1377		

275

1083

92841

GAS WELL

Date

17½" 12½"

7-7/8"

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

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.

Quanta 8	Scalles
	- Production Supvr.
Printed Name 6-15-90	Title (505) 748–1471

OIL CONSERVATION DIVISION

Date Approved

ORIGINAL SIGNED BY

MIKE WILLIAMS
SUPERVISOR, DISTRICT IN

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.