

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

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

RECEIVED

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

JUL 17 1991

O. C. D.  
ARTESIA OFFICE

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>YATES PETROLEUM CORPORATION</b>		Well API No. <b>30-015-24191</b>
Address <b>105 South 4th St., Artesia, NM 88210</b>		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
EFFECTIVE AUGUST 1, 1991		
If change of operator give name and address of previous operator		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Eng TX Federal</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>North Dagger Draw Upper Penn</b>	Kind of Lease <b>State, Federal or Fee</b>	Lease No. <b>NM-25865</b>
Location Unit Letter <b>E</b> : <b>2535</b> Feet From The <b>North</b> Line and <b>584</b> Feet From The <b>West</b> Line Section <b>35</b> Township <b>19S</b> Range <b>24E</b> , <b>NMPM</b> , <b>Eddy</b> County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Amoco Pipeline Intercompany Trucking</b>	Address (Give address to which approved copy of this form is to be sent) <b>PO Box 702068, Tulsa, OK 74170-2068</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Yates Petroleum Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>105 South 4th St., Artesia, NM 88210</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>E</b>	Sec. <b>35</b>
	Twsp. <b>19S</b>	Rge. <b>24E</b>
Is gas actually connected? <b>YES</b>		When? <b>6-8-90</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

### V. TEST DATA AND REQUEST FOR ALLOWABLE

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.)

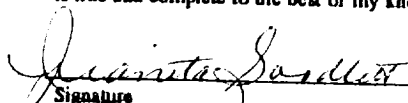
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

### GAS WELL.

Actual Prod. Test - MCF/D	Length of Test	Grav. of Condensate
Testing Method (pilot, back pr.)	Tubing 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.

  
Signature  
**Juanita Goodlett** - Production Supvr.  
Printed Name  
**7-12-91** (505) 748-1471  
Date  
Telephone No.

### OIL CONSERVATION DIVISION

Date Approved

By **ORIGINAL SIGNED BY**

**MYKE WILLIAMS**

Title **SUPERVISOR, DISTRICT III**

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 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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.