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

State of New Mexico Energy, Minerals and Natural Resources Department RECEIVED

NOV 13 89

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

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION OFFICE

l.	1018/	INSPORT OIL	. ANU NA	TURAL GA	15							
Operator VATES DETROI EII					Well Al				PI No. -015-25337			
Address	<u> </u>	30 013 23337										
105 SOUTH 4th	STREET, ARTES	SIA, NM 882	210									
Reason(s) for Filing (Check proper box)			Oth	er (Please expla	in)							
New Well	Change in	Transporter of:	We	11 recon	nected	to pipel	line.					
Recompletion X	Oit	Dry Gas										
Change in Operator	Casinghead Gas	Condensate						.,				
f change of operator give name and address of previous operator												
n. DESCRIPTION OF WELL.	ANDIEACE											
Lease Name	Well No.	Pool Name, Includi	ng Formation		Kind o	of Lease	T	Lease N	lo.			
Agave AAJ State	2	ed Abo	State,	State, Federal or Fee LG 6459			,					
Location		Wildcat										
Unit Letter K	: 1980	Feet From The	South Line	and1980	) Fe	et From The	West		Line			
Section 32 Township	p 19S	Range 24E	, NI	ирм,		Edd	y	Co	ounty			
m provostimost on mousi	CDODTED OF O	YY ANIONIATTI	DAT CAS									
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	or Conder		Address (Giv	e address to wh	ich approved	copy of this f	orm is to be .	sent)				
Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) PO Box 159, Artesia, NM 88210											
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)											
Yates Petroleum Corpor			105 So.	4th St.	ia, NM 88210							
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.   Rge.	ls gas actuall Ye		When	? 11-10	0-89					
f this production is commingled with that i	from any other lease or	nool give comming	ing order numl	er:	<u>+</u>							
V. COMPLETION DATA	Hom any other lease or	poor, give continuing	ang order nom									
V. COMPLETION DATA	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff.	Res'v			
Designate Type of Completion		X	i	WORLOVE		X			X			
Date Spudded RECOMPLETION	Date Compl. Ready to	Total Depth			P.B.T.D.	<b>,</b> •						
8-3-89	9-9-	9010 ' Top Oil/Gas Pay			4698 Tubing Depth							
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Abo			3913'			3885 *						
ADO			3913			Depth Casing Shoe						
Perforations 3913-4661'						9002'						
3713 4001	TURING	CASING AND	CEMENTI	NG RECORI	D	, , , , , ,						
HOLE 6175	CASING & TI	DEPTH SET			SACKS CEMENT							
HOLE SIZE					850 sx (in place							
17½" 11"	13-3/8"		376'				850  sx		- 1			
	8-5/8" 7"		1175'			<del> </del>						
7-7/8"	4½"	1600' 9002'			125 sx (in place 1073 sx (in place							
6-1/8"				14	0/3 SX	(III	prace					
V. TEST DATA AND REQUES	ecovery of total volume	of load oil and must	be equal to or	3885' /	vable for this	depth or be	for full 24 ho	urs.)				
OIL WELL (Test must be after red Date First New Oil Run To Tank	Date of Test	oj toda ou ana musi	Producing Me	thod (Flow, pu	mp, gas lift, e	IC.)	, , , , , , , , , , , , , , , , , , , ,					
Date First New Oil Ruit 10 Tank	Date of Test			4	1.0	•						
Length of Test			Casing Pressure  Water - Bbls.			Choke Size						
Actual Brood During Tact						Gas- MCF						
Actual Prod. During Test	Oil - Bbls.											
GAS WELL							-					
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate							
2900	4 hrs		_			_						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size	•					
Back Pressure	450	Pkr			1/2"							
VI. OPERATOR CERTIFIC	ATE OF COME	PLIANCE					D11 /1 C11	<b>~</b>				
				DIL CON	SERV	NOHA	DIVISIO	NC				
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above							1000					
is true and complete to the best of my k	mowledge and belief.		Date	Approved	d NC	IV 15	1989					
) \ \lambda \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				, ippiovaci	<u> </u>							
La grate Doudless				ΔP	o ikinini	ENFO R	Υ					
Signature JUANITA GOODLETT - PRODUCTION SUPVR.				By ORIGINAL GIGNED BY								
JUANITA GOODLETT Printed Name	- PRODUCTION		SUPERIOR ANSTROT IN									
11-10-89	(505) 748-	Intie	Title Serence Add to the Control of									

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.