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

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

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JAN 23 '91

See Instructions at Bottom of Page

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

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

OIL CONSERVATION DIVISION

O. C. D. ANTESIA, OFFICE

Rd Artec NM 87410

| 000 Kio Brizos Kd., Aziec, NM 67410   | REQUEST                                |                                |                  |  | AUTHORIZ<br>TURAL GA          |                          |   |   |             |  |
|---|--|--------------------------------|------------------|--|-------------------------------|--------------------------|---|---|-------------|--|
| Operator  |  |                                | Well A           | Well API No.<br>3001525404                                     |                               |                          |   |   |             |  |
| Yates Petroleu  Address 105 South Four  |  |                                | New              | Mexico   | 88210                         |                          | 7,000177                                      |   | <del></del> |  |
|   |  |                                |                  |  | er (Please expla              | in)                      |   | · · · · · · · · · · · · · · · · · · ·   |             |  |
| Reason(s) for Filing (Check proper box, New Well Recompletion Change in Operator                                      | Change                                 | in Transporte Dry Gas Condensa |                  | _  | ffective                      |                          |   |   |             |  |
| change of operator give name nd address of previous operator  | xxon Corpora                           | tion, P.                       | .O. Bo           | x 1600,  | Midland,                      | , TX 7                   | 9702  |   |             |  |
| I. DESCRIPTION OF WEL   |  |                                |                  |  |                               |                          |   | <del></del>                             |             |  |
| Altwein "B" Federal Com   Well No. Pool Name, Includi<br>Red Tank I   |  |                                |                  |  |                               | Lease Lease No. NM-26057 |   |   |             |  |
| Location Unit LetterN   | : 1980                                 | Feet From                      | n The We         | estLin   | e and660                      | Fee                      | t From The                                    | South                                   | Line        |  |
| Section 12 Township 19 South Range 23 Eas   |  |                                |                  |  | st , NMPM,                    |                          |   | Eddy County                             |             |  |
| II. DESIGNATION OF TRA  | NSPORTER OF                            | OIL AND                        | NATU             | RAL GAS  |                               |                          |   |   |             |  |
| Name of Authorized Transporter of Oil<br>Navajo Refining Co.  |  |                                | <del>X X</del> j | Address (Giv   | ve address to wh<br>k 159, Ar | ich approved<br>tesia,   | copy of this form<br>NM 88210                 | n is to be ser<br>)                     | u)          |  |
| ame of Authorized Transporter of Casinghead Gas or Dry Gas XX Transwestern Pipeline Company                           |  |                                |                  | Address (Give address to which approved P.O. Box 2521, Houston |                               |                          | copy of this form is to be sent)  1, TX 77252 |   |             |  |
| f well produces oil or liquids, ive location of tanks.  | Unit Sec.                              | Twp.                           | Rge.             |  | y connected?<br>es            | When                     | ?<br>March                                    | 1 24, 1                                 | 988         |  |
| this production is commingled with the V. COMPLETION DATA   | at from any other lease                | or pool, give                  | commingl         | ing order num  | ber:                          |                          |   |   |             |  |
| Designate Type of Completion  |  | i                              | s Well           | İ  | Workover<br>                  | Deepen                   | Plug Back   S                                 | ame Res'v                               | Diff Res'v  |  |
| Date Spudded  | Date Compl. Read                       | y to Prod.                     |                  | Total Depth  |                               |                          | P.B.T.D.                                      |   |             |  |
| levations (DF, RKB, RT, GR, etc.) Name of Producing Formation   |  |                                |                  | Top Oil/Gas Pay  |                               |                          | Tubing Depth                                  |   |             |  |
| Perforations  |  |                                |                  |  |                               |                          |   | Depth Casing Shoe                       |             |  |
| TUBING, CASING AND  |  |                                |                  |  |                               |                          | SACKS CEMENT                                  |   |             |  |
| HOLE SIZE   | CASING &                               | CASING & TUBING SIZE           |                  |  | DEPTH SET                     |                          |   | Post ID-3                               |             |  |
|   |  |                                |                  |  |                               |                          |   | 2-1-91                                  |             |  |
|   |  |                                |                  | <u> </u>   |                               |                          | ch  | gop                                     |             |  |
| V. TEST DATA AND REQU<br>OIL WELL (Test must be afte  | EST FOR ALLO er recovery of total volu | WABLE<br>me of load oil        | l and must       | be equal to or   | exceed top allo               | owable for this          | depth or be for                               | full 24 how                             | ·s.)        |  |
| Date First New Oil Run To Tank Date of Test   |  |                                |                  | Producing Method (Flow, pump, gas lift, etc.)                  |                               |                          |   |   |             |  |
| Length of Test  | Tubing Pressure                        | Tubing Pressure                |                  |  | Casing Pressure               |                          |   | Choke Size                              |             |  |
| Actual Prod. During Test  | Oil - Bbls.                            | Oil - Bbls.                    |                  |  | Water - Bbls.                 |                          |   | Gas- MCF                                |             |  |
| GAS WELL  | 1                                      |                                |                  |  |                               |                          |   |   |             |  |
| Actual Prod. Test - MCF/D   | tual Prod. Test - MCF/D Length of Test |                                |                  |  | Bbis. Condensate/MMCF         |                          |   | Gravity of Condensate                   |             |  |
| Testing Method (pitot, back pr.)  | Tubing Pressure (S                     | hut-in)                        |                  | Casing Pressure (Shut-in)                                      |                               |                          | Choke Size                                    |   |             |  |
| VI. OPERATOR CERTIF   |  |                                | CE               |  | OIL CON                       | ISERVA                   | ATION D                                       | IVISIC                                  | N           |  |
| I hereby certify that the rules and re<br>Division have been complied with a<br>is true and complete to the best of r | nd that the information                | given above                    |                  |  | e Approve                     |                          | JAN 2   |   |             |  |
| Juante Sovilett   |  |                                |                  | By ORIGINAL SIGNED BY  |                               |                          |   |   |             |  |
| Signature Juanita Goodlett  Printed Name  Title   |  |                                |                  | MIKE WILLIAMS SUPERVISOR, DISTRICT IS                          |                               |                          |   |   |             |  |
| January 16,   |  | 48-1471<br>Felephone No        | ).               |  |                               |                          |   | · . · · · · · · · · · · · · · · · · · · |             |  |

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.