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

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

State of New Mexico

Energy, Minerals and Natural Resources Department

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

CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	7	TO TRA	NSP	ORT OIL	AND NA	TURAL GA	AS				
Operator YATES PETROLEUM CORPORATION							Well API No. 30-015-25926				
								0-013-239	-013-23720		
Address 105 SOUTH 4th S	STREET,	ARTES	IA,	NM 882				·			
Reason(s) for Filing (Check proper box)		C :-	T	urtar of:	Oth	er (Please explo	in)				
New Well	Oil	Change in	Dry Ga								
Recompletion \Box	Casinghead	()	Conden	$\overline{}$							
Change in Operator	Caunghead	1 Cas	Conde	184C					· · · · · · · · · · · · · · · · · · ·		
and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	LSE							,_,		
Lease Name	Well No. Pool Name, Includir						N I	Lease Lease No.			
State CO Com	. 1	3	Nor	th Dag	ger Draw	Upper P	enn State,	Foderal of Fee	LG 1	L525	
Location	. 660		Year Fe	The	North ::.	70	0 E.	et From The <u>We</u>	st	Line	
Unit LetterD	10C 24F							Eddy	County		
Section 30 Township	, 175		Range	212	, Ni	мем,		· · · · · · · · · · · · · · · · · · ·		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	LAN	D NATU	RAL GAS						
lame of Authorized Transporter of Oil Or Condensate Address (Give address to which approved copy of this form is to be sent)											
Navajo Refining Co.						PO Box 159, Artesia, NM 88210					
Traile of Additionated Trainsporter of Country						Address (Give address to which approved copy of this form is to be sent)					
Yates Petroleum Corpor	105 So. 4th St., Artesia, NM 88210										
If well produces oil or liquids, give location of tanks.	Unit	Unit Sec. Twp. Rge. D 36 198 24E			Is gas actually connected? When YES			? 4 - 20 - 89			
·			Ŀ					7 20 05			
If this production is commingled with that f IV. COMPLETION DATA	rom any our	er lease or	poor, giv	ve comming	ing older num	<u> </u>					
TV. COM EBITOR STITE		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back Sai	ne Res'v	Diff Res'v	
Designate Type of Completion -	- (X)	j x	i.		X	İ	<u> </u>	ll		<u></u>	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
1-27-89		2-27-89			7980'			7925'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth 7639			
3619.5' GR Canyon					7738'			Depth Casing Shoe			
								7976'			
7738-7755'	TUBING, CASING AND					NG RECOR	D	<u> </u>			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SAC	KS CEMI	ENT	
26"	20"			40'			Redi-Mix				
14-3/4"		9-5/8"			1215'			1200 sx			
8-3/4"	7"			7976'			1800 sx				
	2-7/8"			7639'							
V. TEST DATA AND REQUES	T FOR A	LLOWA	ABLE								
OIL WELL (Test must be after re	ecovery of to	tal volume	of load	oil and must	be equal to or	exceed top all	owable for thi	depth or be for f	ull 24 hou	rs.)	
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)					
2-25-89	2-27-89				Cocina Proces	Pumping	<u> </u>	Choke Size			
Length of Test	Tubing Pressure			Casing Pressure			2"				
24 hrs	120				Water - Bbls.			Gas- MCF			
Actual Prod. During Test	Oit - Bbls. 200					300			1500		
500	1 200				300						
GAS WELL Actual Prod. Test - MCF/D	Length of	Post			Bbls, Conder	sate/MA/CT		Gravity of Cond	lensate		
Actual Prod. Test - MCIVD	Length of	1 C81			Hojs, Conde			J. L. L. J. L.			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VII OPER LEON CERTIFICA	A TITLE OF	COL	Y Y A Y	JCT:	1			 			
VI. OPERATOR CERTIFIC				YCE:		DIL CON	ISERV	ATION DI	VISIC	N	
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.					Data	Approve	A	PR 2 8 19	89		
					Date	· whhinne	<u> </u>				
La and Day lles						_					
ignature COORT FREE PRODUCTION CURIN					By Original Signed By						
JUANITA GOODLETT - PRODUCTION SUPVR.							Mike Y	//iliams			
nted Name	(505)	748-			Title			···		 	
- <u>27–89</u>	(303)		phone N	1 0.							

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

equest for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance ith Rule 111.

Il sections of this form must be filled out for allowable on new and recompleted wells.

Il out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes, parate Form C-104 must be filed for each pool in multiply completed wells.