bmit 5 Cepies propriate District Office STRICT I ). Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

Form C-104 Revised 1-1-89 See Instructions

STRICT II ). Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION SEP 18'88

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

O. C. D. ARTESIA, OFFICE

STRICT III 00 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. perator 30-015-26132 YATES PETROLEUM CORPORATION / ddress 105 South 4th St., Artesia, NM 88210 Other (Please explain) eason(s) for Filing (Check proper box) X Change in Transporter of: ew Well Dry Gas Oil ecompletion Casinghead Gas Condensate hange in Operator change of operator give name d address of previous operator DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Well No. Pool Name, Including Formation ease Name State, Federal on Fee NM 26864 North Dagger Draw Upper Penn Roden GD Federal ocation Feet From The North Line and 1650 Feet From The East Line 1650 Unit Letter Eddy 24E 35 19S Range , NMPM, Township I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate ame of Authorized Transporter of Oil  $\square X$ PO Box 159, Artesia, NM 88210 Navajo Refining Co. Address (Give address to which approved copy of this form is to be sent) or Dry Gas ame of Authorized Transporter of Casinghead Gas  $\square$ 105 South 4th St., Artesia, NM 88210 Yates Petroleum Corporation When? Is gas actually connected? Rge. Twp. Unit Sec. well produces oil or liquids, 8-17-89 re location of tanks. 35 <u>| 19</u>s \_\_\_\_24e Yes G this production is commingled with that from any other lease or pool, give commingling order number: /. COMPLETION DATA Plug Back | Same Res'v Diff Res'v New Well | Workover Deepen Gas Well Oil Well Designate Type of Completion - (X) X Total Depth X P.B.T.D. Date Compl. Ready to Prod. ate Spudded 7959<u>'</u> 8012 9-1-89 6-17-89 Top Oil/Gas Pay Tubing Depth levations (DF, RKB, RT, GR, etc.) Name of Producing Formation 7617**'** 7710' 3656**'** Canyon GR Depth Casing Shoe erforations 8012' 7905-12'; 7710-37' TUBING, CASING AND CEMENTING RECORD SACKS CEMENT **DEPTH SET** CASING & TUBING SIZE HOLE SIZE pot ID-2 1050 sx <u>9-5/8"</u> 1232' <u>14-3/4"</u> 9-29-89 1975 sx 8012 8-3/4" comp & BIX 7617**'** 2-7/8" . TEST DATA AND REQUEST FOR ALLOWABLE (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.) IL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Flowing 9-1-89 8-24-89 Choke Size Casing Pressure Tubing Pressure ength of Test 42/64" Pkr 430# 24 hrs Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. 1696 325 28 353 GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) esting Method (pitot, back pr.) I. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above SEP 2 6 1989 is true and complete to the best of my knowledge and belief. Date Approved

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

Medix

- Production Supvr.

cande Da

Signature Juanita Goodlett

Printed Name

Date

9-14-89

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

ORIGINAL SIGNED BY

SUPERVISOR, DISTRICT IS

MIKE WILLIAMS

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

Title

748-1471

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.