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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

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

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION ✓	Well API No. 30-015-26184
Address 105 South 4th St., Artesia, NM 88210	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Parish IV Com	Well No. 3	Pool Name, Including Formation North Dagger Draw Upper Penn	Kind of Lease State/Federal or Fee	Lease No. FEE
Location				
Unit Letter F	: 1980	Feet From The North	Line and 1980	Feet From The West
Section 25	Township 19S	Range 24E	, NMPM, Eddy County	

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

Name of Authorized Transporter of Oil Navajo Refining Co. <input checked="" type="checkbox"/>	or Condensate <input type="checkbox"/>	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 Casinghead Gas Yates Petroleum Corporation <input checked="" type="checkbox"/>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 105 So. 4th, Artesia, NM 88210				
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 25	Twp. 19s	Rge. 24e	Is gas actually connected? Yes	When? 12-3-89

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-10-89	Date Compl. Ready to Prod. 12-14-89	Total Depth 7930'		P.B.T.D. 7879'				
Elevations (DF, RKB, RT, GR, etc.) 3626' GR	Name of Producing Formation Canyon	Top Oil/Gas Pay 7673'		Tubing Depth 7599'				
Perforations 7673-7823'				Depth Casing Shoe 7930'				

## TUBING, CASING AND CEMENTING RECORD

HOLE SIZE 14-3/4"	CASING & TUBING SIZE 9-5/8"	DEPTH SET 1315'	SACKS CEMENT 1100 sx
8-3/4"	7"	7930'	1575 sx
	2-7/8"	7599'	Part ID-2 12-19-89 Gump + BK

## 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 12-3-89	Date of Test 12-14-89	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 325	Casing Pressure Pkr	Choke Size 36/64"
Actual Prod. During Test 412	Oil - Bbls. 259	Water - Bbls. 153	Gas- MCF 665

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing 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  
12-21-89  
Date  
(505) 748-1471  
Telephone No.

## OIL CONSERVATION DIVISION

Date Approved DEC 26 1989

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT I

## 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.