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

Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION AUG 1 5 1991 DISTRICT II P.O. Drawer DD, Antesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

O. C. D. ARTESIA, OFFICE

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

_						UTHORIZ URAL GA					
. TO TRANSPORT OIL A						Well AP! No.					
YATES PETROLEUM CORPORATION						30-015-26184					
Address 105 South 4th St., A	Artesia	, NM 8	3821	0							
Reason(s) for Filing (Check proper box)					Othe	t (Please expla	in)				
New Well	Oil (hange in Ti A [X]	ransport Fry Gas		Ff	fective A	August	16 1001			
Recompletion	Casinghead		ondens	_	L.T.	rective A	August .	10, 1991	=		
f change of operator give name and address of previous operator		_									
I. DESCRIPTION OF WELL A	ND LEAS	SE.									
Lease Name									Le	Lease No.	
Parish IV Com		3 1	North Dagger Draw U/Pe				State	ederal of Fee			
Location Unit Letter F	. 1980	P	leet Hen	on The NO	orth Line	and 1980	0 va	et From The	West	Line	
Section 25 Township	100		lange	24E		лем. ЛРМ.	10	Eddy		County	
						nr m,				County	
II. DESIGNATION OF TRANS) NATUI		nd.lean 1 l	ich annem 1	convertity	Span da en L.		
Amoco Pipeline Co Oil Tender Dept.					Address (Give address to which approved copy of this form is to be sent) PO Box 702068, Tulsa, OK 74170-2068						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give address to which approved copy of this form is to be sent) 105 So. 4th St., Artesia, NM 88210						
Yates Petroleum Corporation f well produces oit or liquids, Unit Sec. Twp. Rge.					Is gas actually connected? When ?						
rive location of tanks.	F	25 1	19	1 24	Yes	·	i	12-3-8	39 		
f this production is commingled with that for COMPLETION DATA	rom any othe	r lease or po	ool, give	e commingi	ing order numl	ber:				 	
	<i>a</i> n	Oil Well	0	ias Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -		l Banduta E			Total Depth	l	<u> </u>	I	İ		
ate Spudded Date Compl. Ready to Prod.					Tom Deput			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations	<u> </u>			 	l			Depth Casin	g Shoe		
	T	UBING. C	CASIN	IG AND	CEMENTI	NG RECOR	D				
HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
					ļ			-			
									······································		
V. TEST DATA AND REQUES								·· ······			
OIL WELL (Test must be after re	·		f load o	oil and must					for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL	1				.			-1			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
					<u> </u>						
VI. OPERATOR CERTIFIC				VCE		OIL COI	NSERV	ATION	DIVISION	NC	
I hereby certify that the rules and regu- Division have been complied with and	lations of the that the info	Oil Conserv Constion give	valion en abov	'e		0.200.					
is true and complete to the best of my	knowledge a	nd belief.			Dat	e Approve	edbe	AUG 1	o 199 1		
() · X	–					- Apploat					
Je unita Dardlett					By.	By ORIGINAL SIGNED BY					
Juanita Goodlett - Production Supvr.					MIKE WILLIAMS						
Printed Name 8-14-91	(5	05) 74	Title 8-14	71	Title	9 SL	PERVIOL	m, Diam			
Date			phone						•		

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.