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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

615r 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

34 19.90

Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION OF THE ANGROST OF AND AUTHORIZATION OF THE ANGROST OF ANGRES OF THE ANGRES Well API No. TO TRANSPORT OIL AND NATURAL GAS Operator 30-015-26207 YATES PETROLEUM CORPORATION / 105 South 4th St., Artesia, NM 88210 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Dry Gas Oil Recompletion Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Well No. Pool Name, Including Formation Lease Name State, Federal of Fee 26864 North Dagger Draw UPper Penn Roden GD Federal Com Location : 810 Feet From The South Line and 1980 _ Feet From The _ West Unit Letter _ Eddy 19S 24E County 24 Township Range , NMPM, III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate XX PO Box 159, Artesia, NM 88210 Navajo Refining Co. Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas \overline{XX} or Dry Gas Yates Petroleum Corporation 105 So. 4th St., Artesia, NM 88210 When? Twp. If well produces oil or liquids, Unit Sec. Rge. Is gas actually connected? | 19s 24e 12-26-89 Yes N 1 24 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Deepen | Plug Back | Same Res'v New Well | Workover Gas Well Oil Well Designate Type of Completion - (X) X Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded 7845**'** 7855 1-9-90 11-1-89 Top Oil/Gas Pay Name of Producing Formation Tubing Depth Elevations (DF, RKB, RT, GR, etc.) 7527 3596 GR Perforations 7643' Canyon Depth Casing Shoe 7855' 7643-7698' TUBING, CASING AND CEMENTING RECORD SACKS CEMENT **DEPTH SET** HOLE SIZE CASING & TUBING SIZE 40' Redi-Mix Post ID 26" 20" 1290' 1100 sx 1-26-9 14-3/4" 9-5/8" 7855 7" 1750 sx comp + B 8-3/4" 2-7/8" 7527 V. 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.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Flowing 1-9-90 12-26-89 Choke Size Casing Pressure Length of Test Tubing Pressure 12/64" Pkr 500 psi 24 hrs Gas- MCF Water - Bbls. Oil - Bbls. Actual Prod. During Test 414 92 11 103 **GAS WELL** Gravity of Condensate Bbls, Condensate/MMCF Length of Test Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. 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 JAN 2 3 1990 is true and complete to the best of my knowledge and belief. Date Approved _ Doubless ORIGINAL SIGNED BY Signature Juanita Goodlett MIKE WILLIAMS - Production Supvr. SUPERVISOR, DISTRICT IT Printed Name 1-17-90 Title Title . (505)748-1471 Telephone No. Date

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.