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

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page
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**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**
MAY 11 '90

I. OPERATOR
Operator: **YATES PETROLEUM CORPORATION** Well API No. **30-015-26265**
Address: **105 South 4th St., Artesia, NM 88210**
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name: **Dagger ZW** Well No.: **2** Pool Name, including Formation: **North Dagger Draw Upper Penn** Kind of Lease: **State/Federal or Fee** Lease No.: _____
Location: Unit Letter **I** : **1980** Feet From The **South** Line and **660** Feet From The **East** Line
Section **25** Township **19S** Range **24E** , **NMPM**, **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name 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**
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
Yates Petroleum Corporation **105 So. 4th St., Artesia, NM 88210**
If well produces oil or liquids, give location of tanks. Unit **K** Sec. **30** Twp. **19** Rge. **25** Is gas actually connected? **yes** When? **4-24-90**
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 ☐ Gas Well ☐ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v ☐ Diff Res'v
Date Spudded **2-27-90** Date Compl. Ready to Prod. **5-8-90** Total Depth **8000'** P.B.T.D. **7949'**
Elevations (DF, RKB, RT, GR, etc.) **3582' GR** Name of Producing Formation **Canyon** Top Oil/Gas Pay **7675'** Tubing Depth **7540'**
Perforations **7675-7819'** Depth Casing Shoe **8000'**
TUBING, CASING AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
26" **20"** **40'** **Redi-Mix Post ID-2**
14-3/4" **9-5/8"** **1208'** **1100 sx 5-21-90**
8-3/4" **7"** **8000'** **1800 sx comp & B**
2-7/8" **7540'**

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 **4-23-90** Date of Test **5-8-90** Producing Method (Flow, pump, gas lift, etc.) **Flowing**
Length of Test **24 hrs** Tubing Pressure **140** Casing Pressure **-** Choke Size **43/64"**
Actual Prod. During Test **894** Oil - Bbls. **292** Water - Bbls. **602** Gas- MCF **604**

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 **5-10-90** Title **(505) 748-1471**
Date _____ Telephone No. _____

OIL CONSERVATION DIVISION
Date Approved **MAY 21 1990**
By **ORIGINAL SIGNED BY**
MIKE WILLIAMS
Title **SUPERVISOR, DISTRICT II**

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.