Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Dement

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

RECEIVED

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

Santa Fe, New Mexico 87504-2088

JAN - 7 1992

I.			R ALLOWA				O. C. D.			
Operator							Well API No.			
YATES PETROLEUM C	ORPORATI	ON J			·		30-	-015-262	90	
Address 105 South 4th St.,	Artesia	. NM s	38210							
Reason(s) for Filing (Check proper box)		., .,	30210	По	her (Please exp	lain)				
New Well	,	Change in T	ransporter of:		104 cove		ranspor	ted by p	ipeline	
Recompletion	Oil	X	ry Gas		d/or tru			• •	•	
Change in Operator	Casinghead	Gas 🔲 C	condensate	EF	FECTIVE	- 1-6-92				
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL Lease Name			ool Name, Includ	ing Formation		Kind	of Lease		ease No.	
John AGU		l i						Federal of Fee		
Location	11_		Journ Dage	Ser Braw	O/I CIIII	<u> </u>		<u></u>		
Unit LetterC	_ :	660 F	eet From The $\frac{N}{2}$	orth L	ne and19	980 F	et From The	West	Line	
Section 14 Townshi	ip 20S	R	ange 241	<u>. 1</u>	мрм,	Eddy	·		County	
III. DESIGNATION OF TRAN	JCDADTE		AND NATT	IDAY CAS	•					
Name of Authorized Topografic of Oil	$\overline{}$	an Candanas		Address (G	ive address to w	hich approved	copy of this fo	orm is to be se	ent)	
Amoco Pipeline Co Oil Tender Dept. Amoco Pipeline Intercorporate Trucking					Address (Give address to which approved copy of this form is to be sent) PO Box 702068; Tulsa; 0K 74170-2068 PO Box 702068; Tulsa; 0K 74170-2068					
Name of Authorized Transporter of Casin			r Dry Gas		ive address to w		copy of this fo	orm is to be se	ent)	
Yates Petroleum Corpor	ration	,		105 So	uth 4th,	Artesia	, NM 88	210		
If well produces oil or liquids,	•		wp. Rge	, -	lly connected?	When	7 5-5-	-90	<u>-</u> -	
give location of tanks.	- 		20s 241			l		- 90		
If this production is commingled with that IV. COMPLETION DATA	from any othe			ling order nu						
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Wel	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	. Ready to P	rod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Ga	Top Oil/Gas Pay Tubing Dep			th	· · · · · · · · · · · · · · · · · · ·	
Perforations					Depth Casing Shoe					
	าา	JBING. C	ASING AND	CEMENT	ING RECO	RD	<u>!</u>			
HOLE SIZE		ING & TUB			DEPTH SET			SACKS CEMENT		
				1						
									·····	
	OM FOR III		V 10				<u> </u>			
V. TEST DATA AND REQUE				4 h		lawahla fan thi	- douth on he	for full 24 hou	\	
OIL WELL (Test must be after a	Date of Test		ioaa ou ana mus		Method (Flow, p			107 Juli 24 Nou	vs.,	
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis.			Gas- MCF		
	1						<u> </u>			
GAS WELL		 				_	10	Tandones:		
Actual Prod. Test - MCF/D	MCF/D Length of Test			Bois. Cond	ensate/MMCF	Gravity of Co		LOHUCH SALÉ		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
	1	001 ==		-	· · · · · · · · · · · · · · · · · · ·					
VI. OPERATOR CERTIFIC I hereby certify that the rules and regu	lations of the	Oil Conserva	tion		OIL CO	NSERV	ATION	DIVISIO	NC	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved JAN 9 1992					
Signite Da	odtet		<u>-</u>							
Signature Juanita Goodlett - Production Supvr. Printed Name Title					By ORIGINAL SIGNED BY MIKE WILEIAMS					
1-6-92 Date	(50	05) 748		Tit!	e <u> Suf</u>	ERVISOR.	DISTRIC	T 12		
Date		1 eteb	MIN 17U.							

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.