Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

Form C-104 Revised 1-1-89

OH CONCEDUATION DIVISION

See Instructions at Bottom of Page

STRICT II D. Drawer DD, Artesia, NM 88210	<u> </u>	P.O. Box 2088				JAN 25 '91			
STRICT III			Mexico 8750		_	. C. D.	-		
O Rio Brazos Rd., Aztec, NM 87410	REQUEST F	OR ALLOW	ABLE AND A	UTHORIZ URAL GA	'ATION ^{RTE} S	SIA, OFFICI	.		
erator		Well API			1 No. 015-26427				
YATES PETROLEUM C	ORPORATION								
105 South 4th St.,	Artesia, NM	88210			 .	1 1 2	1		
ason(s) for Filing (Check proper box)	Change	in Transporter of:		r (Please expla amp/Cany	-	_	roduction	n irom	
w Well XXI	Oil	Dry Gas		on - 100%					
nange in Operator	Casinghead Gas	Condensate [] Wolfcan	np - 0%	oil, 35	% gas			
	MINGLING APP	ROVED ORDI	ER NO. DHC	782					
DESCRIPTION OF WELL	AND LEASE	Charac	Jnaur	In Joll	(ans)				
PASCRIT TON OF WELL	Well No	. Poor Name, Inc	cluding Formation		Kind of		. '	ase No.	
Alexandre AHX Federa	al 1	Windes	Canyon/Wol	camp	State, P	ederal or Fee	// NM	39949	
ocation	660		North	2105	·		West		
Unit LetterC	_:	Feet From The	North Lin	and	Peel	From The		Lin	
Section 33 Towns	hip 198	Range 24E	, NI	MPM,		Eddy		County	
I. DESIGNATION OF TRA	NCDADTED AF	OII. AND NA	TIRAL CAS						
	C d		Address (Giv	e address to wh	hich approved o	opy of this for	orm is to be se	ni)	
Amoco Pipeline Inter	co lpo rate Tru	ucking (41)		702068,					
ame of Authorized Transporter of Cast		Address (Give address to which approved copy of this form is to be sent) 105 South 4th, Artesia, NM 88210							
Yates Petroleum Cor well produces oil or liquids,	Unit Sec. Twp. Rge.			Is gas actually connected? When			7		
ve location of tanks.	C 33	<u> 19 2</u>	4 Yes		Ĺ	1-9-91			
this production is commingled with th	at from any other lease	or pool, give com	mingling order num	ber:			.		
V. COMPLETION DATA	loii w	'ell Gas We	ell New Well	Workover	Deepen	Plue Back	Same Res'v	Diff Res'v	
Designate Type of Completion		I X	X	Workover		. top Dank		ļ	
Date Spudded	Date Compl. Ready	y to Prod.	Total Depth			P.B.T.D. 8850			
8-20-90	1-17-91	- Ftion		8980 ' Top Oil/Gas Pay			Tubing Depth		
ilevations (DF, RKB, RT, GR, etc.) 3770 GR	Name of Producing Canyon/Wol	, ,	6076'/7245'			7494'			
Perforations	- Journal of the state of the s				·	Depth Casi	_		
7245-7555' Canyon;	6076-6338' W	olfcamp				8	3980'		
			ND CEMENT			Γ	SACKS CEN	ENT	
HOLE SIZE	CASING &	TUBING SIZE		DEPTH SET			SACKS CEMENT Redi-Mix		
14-3/4"		9-5/8"		1292'	2-8-9		665 sx		
8-3/4"		5-1/2"		8980'	Comp & B	7 24	450 sx		
	2-3/			7494'		Τ΄			
7. TEST DATA AND REQU	EST FOR ALLO' er recovery of total volu	WABLE 	d must be equal to	or exceed top at	llowable for thi	s depth or be	e for full 24 hos	urs.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	rne vj souu ou une	Producing l	Method (Flow,)	oump, gas lift, c	etc.)	<u></u>		
Name to the train Assessment to the same		<u>,</u>				Choke Siz			
Length of Test	Tubing Pressure	Tubing Pressure		Casing Pressure		CHORE SIZE			
Actual Prod. During Test	Oil - Bbls.		Water - Bb	Water - Bbls.		Gas- MCF			
Vicion Lion Parink Lear	OH - Dois.				1				
GAS WELL									
Actual Prod. Test - MCF/D	Length of Test		į.	lensate/MMCF		1 -	(Condensate		
431	24 h		1	Casing Pressure (Shut-in)			42° (est) Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (_	Pkr			32/64"		
Back Pressure									
VI. OPERATOR CERTIF	TICATE OF CO.		-	OIL CC	NSERV	MOITA	1 DIVISI	ON	
Division have been complied with	and that the information	n given above				the See Net	py case a		
is true and complete to the best of	my knowledge and beli	ef.	Da	te Approv	/ed	<u> </u>	7 1991		
	X, 10-		Ш			OLONIES	י עם כ		
Thanks,	Joalett	— Ву	By ORIGINAL SIGNED BY						
Signature Juanita Goodlett	- Production		MIKE WILLIAMS						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name 1-23-91 Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title

SUPERVISOR, DISTRICT IT

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

748-1471 Telephone No.

- 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.