mit 5 Copies ropriate District Office TRICT I Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

MOV 30'90

151

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Form C-104 Kevised 1-1-89 See Instructions at Bottom of Page	j

DISTRICT III		Sant	ta Fe, I	New Me	xico 8	7504	-2088		C), C. D.		
000 Rio Brazos Rd., Aztec, NM 87410	REQUE	EST FO	R ALL	OWAB	LE AN	D A	UTHOR	IZ/	HOIT	SA OFFICE		
•	T	OTRAN	NSPO	RT OIL	AND N	TAL	URAL G	AS	3			
Operator	DDAN A MT	ON /			Well API No.					api no. 0-015-26	5/65	
YATES PETROLEUM CO	RPORATIO	ON /								0-013-20		
Address 105 South 4th St.,	Artacia	NM	88210	า								
Reason(s) for Filing (Check proper bax)	VITERIA	, Mri	00210			Other	(Please exp	Jain	1			
New Well		Change in T	l'es menore	er of	- LJ /	Ouk	(1 temse exp	~~··	,			
Recompletion	Oil		Dry Gas									
Change in Operator	Casinghead	_	Condens									
change of operator give name												
ad address of previous operator												
I. DESCRIPTION OF WELL A									120. 4	41		N-
Lease Name	1	Well No. 1 5		ne, Includia	-		Upper :	Da.	G	of Lease Pedgral pay Rep		ase No. 1.525
State CO Com			NOLU	n Dags	ger Dr	aw	opper	rei		<u> </u>	/ LG	
Location					. •			Λ.			Б.,	
Unit Letter A	: 660	!	Feet From	m The No	orth	Line	and 66	Ü.	F	et From The	East	Line
Section 36 Township	198		D	24E		, NM	DA.	E	ddy			County
Section 30 Township	. 170		Range			, NM	rm,					County
III. DESIGNATION OF TRANS	SPARTEE	OR ON	I. ANN	NATTI	RAL G	AS.						
Name of Authorized Transporter of Oil		or Condens			Address	(Give	address to v	whic	h approved	copy of this f	orm is to be se	u)
Navajo Refining Co.	LAJ		L		PO B	ox	159, A	rte	esia,	NM 8821	LO	
Name of Authorized Transporter of Casing	head Gus	(X)	or Dry C	ias 🗀							orm is to be se	ns)
Yates Petroleum Corpo					105	So.	4th S	t.	, Arte	sia, NM	88210	
If well produces oil or liquids,	Unit :		Twp.	Rge.	1 -	-	connected?		When		_	
give location of tanks.	G		<u> 198</u>	24E	1	es				11-21-90)	
f this production is commingled with that i	rom any othe	r lease or p	ool, give	comming	ing order	numbe	er:					
IV. COMPLETION DATA										1	10 0	la wa
Designate Type of Completion	- (Y)	Oil Well	G	as Well	New V	Vell	Workover	ļ	Deepen	Plug Back	Same Res'v	Diff Res'v
	Date Compl	X Postuto	<u> </u>		Total De	-L		L		P.B.T.D.	J	.l
Date Spudded 10-4-90	1 -	-			1	195	•			785	50 *	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil						Tubing Depth		
	• • • • • • • • • • • • • • • • • • • •				7670'					7601'		
3578 GR	1	anyon				070			······································	Depth Casi		
7670-80', 7742-74', 78	06-28'								;	819	91'	
7070 00 3 7742 71 3 70		IRING	CASIN	IG AND	CEME	NTIN	IG RECO	RE)	_1		
HOLE SIZE					1		DEPTH SE			1	SACKS CEM	ENT,
26"		CASING & TUBING SI		<u></u>	40'				Redi-Mix Pot FD			
14-3/4"		-5/8"			1		1220	1		1100 sx 12-(4)-		
8-3/4"					8191'			· · · · · · · · · · · · · · · · · · ·	2175 sx cmp41			
0-3/4	1 2	-7/8"					7601					7
V. TEST DATA AND REQUE	ST FOR A	LLOWA	ABLE									
OIL WELL (Test must be after i	recovery of 10	tal volume	of load o	il and mus	i be equal	to or	exceed top	allo	vable for 1	his depth or be	for full 24 hou	urs.)
Date First New Oil Run To Tank	Date of Tes	4			Produci	ng Me	thod (Flow,	, pw	np, gas lift,	etc.)		
11-16-90	11-28-90				Flowing				Choke Size			
Length of Test	Tubing Pressure				Casing Pressure				Open			
24 hrs	32	0			Water -	180				Gas- MCF		
Actual Prod. During Test	Oil - Bbls.	•			AME: -	_				663		
1235	34	3		· · · · · · · · · · · · · · · · · · ·		892	<u> </u>			003		
GAS WELL										-10	· · · · · · · · · · · · · · · · · · ·	
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF					Gravity of Condensate				
					10-1	Descri	um /Chini !=			Choke Siz	· · · · · · · · · · · · · · · · · · ·	···
Testing Method (pitot, back pr.)	Tubing Pro	ssure (Shu	i-in)		Casing	rices	ure (Shut-in)	,		CHOICE SH	.~	
					-\			-		l		
VI. OPERATOR CERTIFIC				VCE		(אוו ככ	74	SER	/ATION	DIVISI	NC
I hereby certify that the rules and regu	stations of the	Oil Conse	rvation		11	•		~ "	:ULI 1	• / () () (. . 1
Division have been complied with and	i that the info	rmation giv	en abov	c		_		1		DEC 1	2 1990	
is true and complete to the best of my	PHOMICORE #	MA DELICI.				Date	Appro	ve	d	250]	L & 133U	
$\langle \lambda \rangle = -\lambda$, 1,							^-	MO18141	CICNED	RV	
(N)	bolle					Ву_		OF	dGINA!	_SIGNED	וט	
Juanita Goodlett -	- Produc	tion S	Supvr	•		-		M	INE WIL	2 (ND 12) (2) 3 (ND 12) (2)	TRICT IF	
District Name Title						SUPERVISOR, DISTRICT II						

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

(505)

Printed Name

11-29-90 Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

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 Porm C-104 must be filed for each pool in multiply completed wells.