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

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

DISTRICT III 1000 Rio Brazos Rd., Azzec, 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

RECEIVED

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

APR 3 0 1991

O. C. D. ARTESIA, OFFICE

1000 Kio Brazos Kd., Aztec, NM 87410			LE AND AUTHORIZ				
TO TRANSPORT OIL AND NATURAL GAS					Well API No.		
YATES PETROLEUM CORPORATION Address					30-015-26467		
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			·····	<u> </u>	
f change of operator give name and address of previous operator							
II. DESCRIPTION OF WELL			* · · · · · · · · · · · · · · · · · · ·	<u> </u>			
Lease Name	Well No. Pool Name, Including 3 South Dagge		n g Formation er Draw Upper Pen	1	Kind of Lease No. Lease No. Lease No.		
Ceniza AGZ Com		Boden bagge	er braw opper ren	11 47777	TITICO		
Unit LetterE	: 1980	Feel From The No	orth Line and 660	Fee	et From The West	Line	
Section 13 Township 20S Range 24E		, NMPM, Eddy		County			
III. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATUI	RAL GAS				
Name of Authorized Transporter of Oil	(X) or Conder	sale	Address (Give address to which		• • •		
Permian Operating Limited Partnership			PO Box 1183, Houston, TX 77251-1183				
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Yates Petroleum Corporation			Address (Give address to which approved copy of this form is to be sent) 105 South 4th St., Artesia, NM 88210				
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge. 20 24	ls gas actually connected? YES	When 4-	? -8-91		
If this production is commingled with that	from any other lease or	pool, give commingle	ing order number:				
IV. COMPLETION DATA							
Designate Type of Completion	- (X) Oil Well	Gas Well	New Well Workover X	Deepen	Plug Back Same	Res'v Diff Res'v	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth		P.B.T.D.		
2-3-91	4-22-91		9765 ' Top Oil/Gas Pay		7920'		
Elevations (DF, RKB, RT, GR, etc.) 3603 GR					Tubing Depth		
3603' GR Canyon Perforations			7786'		7900 Depth Casing Shoe		
7786-7870'					9765'	ĺ	
	TUBING	CASING AND	CEMENTING RECORD)	1 , , , , ,		
HOLE SIZE	CASING & T		DEPTH SET		SACKS	S CEMENT	
26"	20"		40'		Redi	-Mix PatIn-2	
14-3/4"	9-5/8	11	1214'		1300		
8-3/4"	7"		9765'		2330	SX remotes	
	2-7/8		7900'			7.7	
V. TEST DATA AND REQUE							
	recovery of total volume	of load oil and must	be equal to or exceed top allow			24 hours.)	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pump, gas lift, e		eic.)		
4-8-91	4-22-9	1	Pumping	<u> </u>	IO 1. 6		
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
24 hrs	200		120		Gas- MCF		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.				
1442	71		1371		171		
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Conden	sale	
Actual Flot. Test Wiciro	Lagur or reac						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size		
VI. OPERATOR CERTIFIC	CATE OF COM	PLIANCE			_1		
			OIL CON	SERV.	ATION DIV	'ISION	
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.			Doto Approve	-1	APR 3 0 1991		
) · Q			Date Approved APR 3 U 1991				
Signatures			By	By ORIGINAL SIGNED BY			
Signáture Quantta Goodlett - Production Supvr.			MIKE WILLIAMS				
Printed Name	/ene\ =	Title	Title SL	PERVIS	OR, DISTRICT	17	
4-29-91 Pote	(505) 7	48-14/1 dephone No.					
Date	16						

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.