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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

**RECEIVED**  
**APR 29 1991**  
O. C. D.  
ARTESIA, OFFICE

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page  
c15P  
LT  
GT  
Op

**REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

**I.**

Operator <b>YATES PETROLEUM CORPORATION</b> ✓	Well API No. 30-015-26600
Address 105 South 4th St., Artesia, New Mexico 88210	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Hill View AHE Federal Com</b>	Well No. 5	Pool Name, including Formation South Dagger Draw Upper Penn	Kind of Lease State, Federal or Tied	Lease No. NM 045274
Location Unit Letter <b>A</b> : 660 Feet From The <b>North</b> Line and 660 Feet From The <b>East</b> Line Section <b>23</b> Township <b>20S</b> Range <b>24E</b> , <b>NMPM</b> Eddy County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Permian Operating Limited Partnership</b>	Address (Give address to which approved copy of this form is to be sent) PO Box 1183, Houston, TX 77251-1183					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Yates Petroleum Corporation</b>	Address (Give address to which approved copy of this form is to be sent) 105 So. 4th St., Artesia, NM 88210					
If well produces oil or liquids, give location of tanks.	Unit <b>G</b>	Sec. <b>23</b>	Twp. <b>20S</b>	Rge. <b>24E</b>	Is gas actually connected? <b>YES</b>	When? <b>4-11-91</b>
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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3-3-91	Date Compl. Ready to Prod. 4-23-91		Total Depth 8200'		P.B.T.D. 8144'			
Elevations (DF, RKB, RT, GR, etc.) 3621' GR	Name of Producing Formation Canyon		Top Oil/Gas Pay 7582'		Tubing Depth 7509'			
Perforations 7582-7798'				Depth Casing Shoe 8200'				
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		40'		Redi-Mix <b>Part ID-2</b>			
14-3/4"	9-5/8"		1210'		1100 sx <b>5-3-91</b>			
8-3/4"	7"		8200'		1675 sx <b>comp 4 B1X</b>			
	2-7/8"		7509'					

**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 4-11-91	Date of Test 4-23-91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 300	Casing Pressure 480	Choke Size Open
Actual Prod. During Test 2824	Oil - Bbls. 527	Water - Bbls. 2297	Gas- MCF 1747

**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.

*Juanita Goodlett*  
Signature  
**Juanita Goodlett, Production Supervisor**  
Printed Name  
4-25-91  
Date  
505/748-1471  
Telephone No.

**OIL CONSERVATION DIVISION**  
**APR 30 1991**  
Date Approved  
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.