— Submit 5 Copies Appropriate District Office DISTRICT I	State of New Mexico Energy, Minerals and Natural Resources Departr				nt	PE/	Form C-10 Revised 1-1 See Instruct	tions LT		
D.O. Box 1980, Hobbs, NM 88240 DISTRICT II	OIL CON	OIL CONSERVAT			ION DIVISION			RECEIVED of Page		
P.O. Drawer DD, Artesia, NM 88210	Santa	ico 87504-2088			JUL 1 0 1991 pp					
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 -	REQUEST FOR			UTHORIZ URAL GA	ATION S	O ARTES	. C. D. SIA, OFFIC	ε ,		
l. Operator					Well AF	1 No. 015-2660				
YATES PETROLEUM CORPORATION										
105 South 4th St.,	Artesia, NM 88	210	C Other	(Please explai						
Reason(s) for Filing (Check proper box) New Well	Change in Tran	sporter of:		(Fieuse expini	nj					
Recompletion		Gas								
Change in Operator	Casinghead Gas Con									
and address of previous operator						<u> </u>				
I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation						Kind of Lease Lease No. Since, Federal or Feet / NM 045274				
Hill View AHE Federal	Com 6 S	South Dage	ger Draw	U/Penn	All		NM 04	5274		
Location Unit LetterB	: <u>660</u> Fee	From The No	orth Line	and19	80 Fee	t From The	East	Line		
Section 23 Township	20S Rai	nge 24E	, NM	IPM,	<del>_</del>	Eddy		County		
III. DESIGNATION OF TRAN			Address (Gin	address to wh	ich approved	copy of this form	n is to be see	<u>a</u> ]		
Name of Authorized Transporter of Oil Amoco Pipeline Co O	Name of Authorized Transporter of Oil or Condensate Amoco Pipeline Co Oil Tender Department			Address (Give address to which approved copy of this form is to be sent) PO Box 702068, Tulsa, OK 74170-2068						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas			Address (Give address to which approved copy of this form is to be sent) 105 South 4th St., Artesia, NM 88210					0		
Yates Petroleum Corpor If well produces oil or liquids,	es Petroleum Corporation moduces oit or liouids. Unit Sec. Twp. Rge.			connected?	When	?				
give location of tanks.	G 23 20	Os 24e	Yes		6.	-24-91				
If this production is commingled with that it IV. COMPLETION DATA	from any other lease or poo	Gas Well			Deepen	Plug Back S	ame Res'v	Diff Res'v		
Designate Type of Completion	- (X) X	1	X Total Depth		I	ļl		I		
Date Spudded 5-24-91	Date Compl. Ready to Prod. 6-26-91.		8130'			<b>P.B.T.D.</b> 7900'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Form	Top Oil/Gas Pay 7566 '			Tubing Depth 7760 '					
3630' GR Perforations	Canyon	/500			Depth Casing Shoe					
7566-7799'					<u></u>	8130				
	TUBING, CASING AND CASING & TUBING SIZE		CEMENTING RECORD			SACKS CEMENT				
HOLE SIZE	20"		40'		Redi-Mix of ID-		Port ID-2			
14-3/4"	9-5/8"		<u>1225'</u> 8130'			1100 sx 7-97-91 1650 sx pmp+BA				
8-3/4"	2-7/8"	7760'			/ /					
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR ALLOWAR recovery of total volume of	SLE load oil and mus	i be equal to o	r exceed top al	iowable for th	is depth or be fo	r full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Test		Producing N	lethod ( <i>Flow</i> , p	ownp, gas lift,	eic.)				
6-24-91 Length of Test	6-26-91 Tubing Pressure		Pumping Casing Pressure			Choke Size				
24 hrs	170		160 Water - Bbls.			31/64" Gas- MCF				
Actual Prod. During Test 1293	Oil - Bbls. 306		987		1094					
GAS WELL								<u></u>		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-I	Casing Pressure (Shut-in)			Choke Size					
VI. OPERATOR CERTIFIC	CATE OF COMPI	LIANCE	-		NSER\	ATION	DIVISI	DN .		
I hereby certify that the rules and reg Division have been complied with an is true and complete to the best of m	id that the information give	ation n above		•		JUL 1 9				
	Ŷ			0						
Signature and and hat	- Production Su	By	ByORIGINAL SIGNED BY							
Juanita Goodlett Printed Name		Titl	Title							
7-5-91	(505) 748 Tele	<u>3-1.471</u> phone No.					. •			
Date							والقفنيوكني			

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.

with Kute 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.