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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

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

RECEIVED

MAY 16 1991

O. C. D.
ARTESIA, OFFICE

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

Operator WOODBINE PETROLEUM, INC.		Well API No.
Address 1445 ROSS AVENUE, LOCK BOX 234, SUITE 3660, DALLAS TX 75202		
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 YATES FEDERAL	Well No. 4	Pool Name, including Formation SHUGART-Y-SR-Q-G	Kind of Lease State, Federal or Fee XX	Lease No. NM63011
Location Unit Letter L : 1650 Feet From The S Line and 990 Feet From The W Line Section 11 Township 19S Range 31E, NMPM, 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"/> TEXAS-NEW MEXICO PIPELINE COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2528 HOBBS NM 88241-2528
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks	Unit N Sec. 11 Twp. 19S Rge. 31E Is gas actually connected? NO When ?

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3-4-91	Date Compl. Ready to Prod. 4-19-91	Total Depth 2731'		P.B.T.D. 2724'				
Elevations (DF, RKB, RT, GR, etc.) 3568 GR	Name of Producing Formation YATES	Top Oil/Gas Pay 2572'		Tubing Depth 2558'				
Perforations 2572-84'				Depth Casing Shoe 2752'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
13 1/2"	9 5/8"	631'		365 SKS Post ID-2				
8 3/4"	7"	2731'		500 SKS 8-30-91				
	2 3/8"	2558'		comp + BR				

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 4-23-91	Date of Test 5-2-91	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24	Tubing Pressure 0	Casing Pressure 25	Choke Size NA
Actual Prod. During Test 94	Oil - Bbls. 94	Water - Bbls. 36	Gas- MCF TSTM

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.

Signature Don G. Shackelford EXEC VP
Printed Name Don G. Shackelford Title 214/855-6263
Date May 13, 1991 Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 27 1991

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.