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## State of New Mexico Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JAN 2 1 1992

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	DEOU		-		E AND A	UTHORIZ	· ATIONES	C. D.			
						URAL GA	S				
YATES PETROLEUM CORPORATION √						Well API N 30-01			No. 15-26647		
Address 105 South 4th St., A	rtesia	a. NM	88210	)							
Reason(s) for Filing (Check proper box)		.,	OOLI		Other	r (Please explai	in)	<del> </del>			
New Well		Change in T			D.C.C	ective D	\	1 00			
Recompletion   Change in Operator	Oil Casinghead	زلط ف∐ atGas	Dry Gas Condens		EII	ective L	ate: 2-	1-92			
f change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL A	ND LEA	ASE	Pa	kw	us M	Ren					
Lease Name	Well No. Pool Name, Includi							f Lease Federal or Fee		ase No.	
Wayfarer AIY State		1	<del>Und</del>	es. U1	sco-Cany	on		- COLUMN CO T CC	V-1//	<u> </u>	
Location Unit Letter P	: 990	· · · · · · · · · · · · · · · · · · ·	Feel Fro	m The So	uth Line	and <u>660</u>	Fe	et From The _	East	Line	
Section 25 Township	19	S	Range	29E	, NN	лрм,	Edd	у		County	
III. DESIGNATION OF TRANS	SPORTE	R OF OI	L ANI	NATUI	RAL GAS						
Name of Authorized Transporter of Oil X or Condensate						Address (Give address to which approved copy of this form is to be sent)					
aron Oil Trading & Transportation					P.O. Box 1188, Houston, TX 77151-1188  Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casing Phillips 66 Natural Ga	me of Authorized Transporter of Casinghead Gas or Dry Gas					4001 Penbrook, Odessa, TX 79762					
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	ls gas actually		When	?			
give location of tanks.	P	25	19S	29E	Yes		1	9-3-9	<u> </u>	<del></del>	
If this production is commingled with that for IV. COMPLETION DATA	rom any oth	ner lease or p	oool, giv	e commingl	ing order numb	жг:	<del></del>				
	- <del>3</del>	Oil Well	C	Bas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -		-1 Panduda			Total Depth	l	<u> </u>	P.B.T.D.		_l	
Date Spudded	Date Compl. Ready to Prod.							2 E			
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casin	g Shoe	<del>,</del>	
,		TIDDIC	CACD	IC AND	CEMENTI	NG PECOP	חי	<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
TIOLE OILE	3,,	O/ORIVO E 1 SOURCE E									
									·		
					-			<del> </del>	<del> </del>		
V. TEST DATA AND REQUES	T FOR	ALLOWA	ABLE		<del></del>	<del></del>					
OIL WELL (Test must be after re	ecovery of I	total volume	of load (	oil and must	be equal to or	exceed top all	owable for th	is depth or be	for full 24 hor	ers.)	
Date First New Oil Run To Tank	Date of Test				Producing M	ethod (Flow, p	ump, gas lift,	etc.)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	L During Test Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	<del></del>				1			1			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
								2			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE O	F COM	PLIA	NCE			NOCO	ATION	חואוכוי	ON	
I hereby certify that the rules and regulations of the Oil Conservation					1	OIL CONSERVATION DIVISION					
Division have been complied with and is true and complete to the best of my			en abov	'c		: - A	~~!	JAN 2 2	1992		
11			/	,	Date	e Approv	ea				
Quanita Goodlett /ac					∥ By_	ORI	GINAL SI	GNED BY			
Signature Juanita Goodlett - Production Supvr.					_,_	MIKE WILLIAMS					
Printed Name	,	505) 74	Title	71	Title	eSUF	PERVISOR	, DISTRIC	T 18	<del> </del>	
Date			to-14 lephone								

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.