

Submittal: 3 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1940, 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  
JAN 17 1991

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

ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Woodbine Petroleum, Inc.		Well API No.
Address 1445 Ross Avenue Suite 3660 Dallas, Texas 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 checked="" 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. 2	Pool Name, including Formation Seven Rivers Undesignated	Kind of Lease State, Federal or Fee	Lease No. NM 63011
Location Unit Letter <u>K</u> : <u>1650</u> Feet From The <u>S</u> Line and <u>2080</u> Feet From The <u>W</u> Line Section <u>11</u> Township <u>19S</u> Range <u>31E</u> , 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"/> Navajo Refining	Address (Give address to which approved copy of this form is to be sent) Box 159 Artesia, New Mexico 88210					
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 K	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12-6-90	Date Compl. Ready to Prod. 12-30-90		Total Depth 2725'		P.B.T.D. 2712'			
Elevations (DF, RKB, RT, GR, etc.) 3575' GR	Name of Producing Formation Seven Rivers		Top Oil/Gas Pay 2636		Tubing Depth 2655			
Performances 2636-42 two shots per foot 12 holes					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	7"	2714'	45 lite; 125 Class C
	9 5/8"	675.23'	150 Howco; 100 Class C
	2 3/8	2655	Prof ID-2 4-5-91

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) *Plamp*

Date First New Oil Run To Tank	Date of Test 1-10-91	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hours	Tubing Pressure NA	Casing Pressure NA	Choke Size none
Actual Prod. During Test 92	Oil - Bbls. 92	Water - Bbls. 0	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.

*Don G. Shackelford*  
Signature

Don G. Shackelford Ex. Vice Pres.

Printed Name  
1-15-91 214 855-6263

Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 29 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) Form C-104 must be filed for each pool in multiply completed wells.