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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

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

Form C-104 Revised 1-1-89 See Instant

See Instructions of Page of A

OIL CONSERVATION DIVISION

P.O. Box 2088 New Mexico 87504-2088

O. C. D.

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	ιE
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OSTRICT III 000 Rio Brazos Rd., Aztec, NM 87410	REQUE	EST FOR	R AL	LOWAB	LE AND A	UTHORIZ	ZATION	iana Marabeli		. •	
TO TRANSPORT OIL AND NATURAL G						URAL GA	AS Well API No.				
YATES PETROLEUM CORPORATION						30-015-26674					
ddress 105 South 4th St.,	Artesia	, NM 8	8821	.0							
eason(s) for Filing (Check proper box)					Othe	r (Piease expla	in)				
lew Well		Change in T	-	F7							
ecompletion \square	Oil		ory Ga								
Thange in Operator	Casinghead	Gas [] C	Conden	sate							
change of operator give name ad address of previous operator		_									
I. DESCRIPTION OF WELL case Name		SE Well No. F	Pool Na	ame, Includir	ng Formation		Kind o		Lea	se No.	
Patriot AIZ Com		1	Nor	th Dagg	er Draw	U/Penn	Stylie, a	ddenal/of Fee			
ocation											
Unit Letter M	_ :990	I	Feet Fn	om The	South Line	and660	Fee	t From The	West	Line	
Section 20 Townsh	ip 19S	1	Range	25E	, NI	ирм,	E	ddy		County	
II. DESIGNATION OF TRAI	NSPORTE	R OF OII	LAN	D NATU	RAL GAS				· · · ·		
Name of Authorized Transporter of Oil XX or Condensate Amoco Pipeline Intercorperate Trucking Amoco Pipeline-Oil Tender Dept.					Address (Give address to which approved copy of this form is to be sent) PO Box 702068, Tulsa, OK 74170-2068 PO Box 702068, Tulsa, OK 74170-2068						
Amoco Pipeline-Oil To Name of Authorized Transporter of Casi	ender Dei nghead Gas	KX)	or Dry	Gas 🗍	Address (Giv	e address to w	hich approved	copy of this fort	n is to be sen	ı)	
Yates Petroleum Corp	oration				105 So	uth 4th	St., Art	esia, NM	88210		
f well produces oil or liquids, ve location of tanks.	Unit B	Sec. 1'	Тwp. 19	Rge. 25	Is gas actuali Yes	y connected?	When	? 12-24-91	L		
this production is commingled with tha		er lease or p	ool, gi	ve comming	ing order num	ber:					
V. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion		X	_i_		X	<u>i</u>	<u>i </u>			<u></u>	
Date Spudded		ol. Ready to			Total Depth	30 '		P.B.T.D. 7986'			
11-24-91		12-28-91 Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.) 3537 GR	l _	Canyon				7621'			7844'		
Perforations								Depth Casing 822			
7621-7839'	<u> </u>	TIDING	CASI	NG AND	CEMENT	NG RECOR	RD	1	****		
1101 5 0135		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
HOLE SIZE		20"	Diii	0.22	40'			Redi-Mix			
26" 14-3/4"		9-5/8"			1086'			1100 sx			
8-3/4"		7"			8227			1675 sx			
		2-7/8"			7844'						
V. TEST DATA AND REQUIDIL WELL (Test must be after	EST FOR A	LLOWA	ABLE] 	. he saval to a	r erceed top al	llowable for thi	is depth or be fo	or full 24 hou	rs.)	
			of toaa	ou ana mus	Producing N	lethod (Flow, p	oump, eas lift,	etc.)		<u>. i </u>	
Date First New Oil Run To Tank	Date of Te				I .	ping		•			
12-24-91		12-28-91			Casing Pressure			Choke Size			
Length of Test	1 -	Tubing Pressure			200			2"			
24 hrs Actual Prod. During Test		Oil - Bbls.			Water - Bbis.			Gas- MCF			
1790		210			1580			490			
GAS WELL					Intli Cand	- ANCE		Gravity of C	ondensate		
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbls. Condensate/MMCF					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIF	ICATE O	F COMI	PLIA	NCE	-	011 00	NOCC'	ATION	אוטועום		
I hereby certify that the rules and re	gulations of the	e Oil Conse	rvation			OIL CO	IN2FHA	'ATION I	אפוזוח	אוע	
Division have been complied with a is true and complete to the best of r	and that the info	ormation giv	ven abo	ove		a Annea	and	JAN 1	4 1992		
18 time with complete to the new Or 1	()				Da	te Approv	/eu				
Granita	Dao	delie	7		D.,	ΛDI	GINAL ÉL	GNED BY			
Company	- Production Supvr.				by	By ORIGINAL SIGNED BY MIKE WILLIAMS					
Juanita Goodlett Printed Name			Title	;	∭ Titl	e SUI	PERVISOR	, DISTRICT	r it.		
12-30-91	(,	505) 74	48 - 1	471	'						

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.

Telephone No.

- 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.