Submit 5 Cepies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

RECEIVED

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 IAN 1 3 1992

DISTRICT II P.O. Drawer DD, Antesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

O, C. D.

, .						AUTHORIZ					
TO TRANSPORT OIL						Well API No.					
Operator YATES PETROLEUM CORPORATION						30-015-26720					
Address 105 South 4th St., A	Artesia	, NM	8821	.0							
Reason(s) for Filing (Check proper box)					Oth	er (Please expla	in)			\	
New Well X	C	hange in	•	_	App	roved fo	r NSL,	Order #9	622		
Recompletion	Oil		Dry Ga	_							
Change in Operator	Casinghead	Gas 📗	Conden	sate	,						
If change of operator give name and address of previous operator											
•	NID I EA	n=1		5 P	L					•	
II. DESCRIPTION OF WELL A	Well No. Pool Name, Including				a NCh			of Lease No.			
Lease Name Albert AJH	'		1 Hindes. Mo					State/Flederal or Fee			
				IIIES. III	JIIOW						
Location Unit LetterA	: 660		Feet Fn	om The _N	orth Lin	e and660	Fo	et From The	East	Line	
Section 21 Township 20S Range 24E , NMPM, Eddy County											
III. DESIGNATION OF TRANS		or Condens			Address (C	ve address toL	ich anarmed	cany of this f	orm is to be	tent)	
Name of Authorized Transporter of Oil Navajo Refining Co.	ining Co.				Address (Give address to which approved copy of this form is to be sent) PO Box 159, Artesia, NM 88210						
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX Yates Petroleum Corporation					Address (Give address to which approved copy of this form is to be sent) 105 South 4th St., Artesia, NM 88210						
If well produces oil or liquids,	Unit   Sec.   Twp.   Rge.   A   21   20   24			Is gas actually connected? When Yes			? 1-9 <b>-</b> 92				
If this production is commingled with that f			nool, giv	e commingly	ing order nur	iber:					
IV. COMPLETION DATA										b.orp.	
Designate Type of Completion -		Oil Well	_i_	Gas Well X	New Well	<u>i</u>	Deepen		Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.	ā		
10-20-91	12-21-91				9282 Top Oil/Gas Pay			9197'			
Elevations (DF, RKB, RT, GR, etc.) 3717 GR	Name of Producing Formation Morrow				8842 <sup>†</sup>			Tubing Depth 8768			
Perforations	<u></u>							Depth Casir	Depth Casing Shoe		
8842-8998 <b>'</b>					9				2 1		
TUBING, CASING AND CEMENTING RECORD											
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
26"	20"				40'			Redi-Mix Port ID-2			
14-3/4"	9	9-5/8"			1083'			1000 sx 2-7-92			
8-3/4"	5½"				9282'			2750 sx comp & BK			
	2-7/8"				8768'			, ,			
V. TEST DATA AND REQUES	T FOR A	LLOWA	ABLE								
OIL WELL (Test must be after re	covery of tol	al volume	of load	oil and must	be equal to a	r exceed top all	owable for thi	s depth or be	for full 24 ho	ours.)	
Date First New Oil Run To Tank						Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
	L				<u> </u>		· · · · · · · · · · · · · · · · · · ·	1			
GAS WELL	TT	P			Dble Cond	ancate/A/A/CE		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			_				
1650	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size	Choke Size			
Testing Method (pitot, back pr.)	_				Pkr			1/2"		ľ	
Back Pressure	250				TRI 1/2						
VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above						•		IANO	1000		
is true and complete to the best of my knowledge and belief.					Date Approved JAN 2 3 1992						
() - 4											
Landa Doodlett					By.	ממע	SINIAL SI	OMED RV			
Signature Juanita Goodlett - Production Supvr.					By ORIGINAL SIGNED BY MIKE WILLIAMS						
Printed Name Title					Title SUPERVISOR, DISTRICT If						
1-9-92 (505) 748-1471 Date Telephone No.						<u> </u>	na n	da da Produce ( ) el Pro-fre	or department		
Date		1 61	-human	. ~.							

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.