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DISTRICT |
P.O. Box 1980, Hubbs, NM 88240

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

RECEIVED

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

AUG 0 1 1991

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, New Mexico 87504-2088

O. C. D.

						ILE AND A . AND NA			OM.,	SIA, OPPH	CE		
Operator							Well API No.						
YATES PETROLEUM CO		30-015-26778											
105 South 4th St.,	Artesi	a, NM	88	210								<u>.</u>	
Reason(s) for Filing (Check proper box)			_			Oth	er (Please exp	dain)					
New Well	Oil	Change in	l .	-	or:								
Recompletion	Oil Casinghea	$\equiv$		densale									
change of operator give name	Campinea	4 044	Con	OCH SALE								· · · · · · · · · · · · · · · · · · ·	
nd address of previous operator	AND I E	. OIG											
. DESCRIPTION OF WELL AND LEASE 2446 Name Well No			Pool Name, Including Formation					Kind of Lease			1	Lease No.	
Hill View AHE Federal	Com 10		1			ger Draw U/Penn			State, F	ederal or Reg	/ NM (	NM 045274	
Location Unit LetterH	: 1730	0	_ Ped	From 1	The N	orth Lin	e and660	0 -	Fee	t From The .	East	Line	
Section 23 Township	ion 23 Township 20S		Range 24E			, NMPM,				Eddy		County	
II. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND N	NATU	RAL GAS							
Name of Authorized Transporter of Oil	区 区	or Conde			<u></u> 7		e address to w	vhich ap	proved	copy of this fi	orm is to be s	eni)	
Amoco Pipeline - Oil T		Dept.				PO Box 702068, Tulsa, OK 74170-2068						068	
Name of Authorized Transporter of Casinghead Gas Or Dry Gas						Address (Give address to which approved copy of this form is to be sent)							
Yates Petroleum Corporation				<sub>1</sub>		105 South 4th St., A				<del></del>			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 23	Tw <sub>I</sub>	p. OS	<b>Rgc.</b> 24e	le gae actuali YES	y connected?		When 7	7 -26-91			
f this production is commingled with that it. V. COMPLETION DATA	from any oth	er lease or	pool,	give co	xmming	ling order num	ber:					·····	
Designate Type of Completion	- (X)	Oil Wel	1	Gas '	Well	New Well	Workover	De	epen	Plug Back	Same Res'v	Diff Res'v	
Dute Spuided	Date Com	o Proc	d.		Total Depth	Total Depth		1	P.B.T.D.				
6-17-91	7-30-91					8160 ' Top Oil/Gas Pay			7798'				
Elevations (DF, RKB, RT, GR, etc.) 3620 GR	etc.) Name of Producing Formation  Canyon					7628'				Tubing Depth 7437			
Perforations Carry of								Depth Casing Shoe					
7628-7779 <b>'</b>								<del></del>			3160'		
	TUBING, CASING AND					CEMENTI							
HOLE SIZE		UBING SIZE			DEPTH SET		<u>T /                                   </u>	J	SACKS CEMENT				
26"	20"					40'		Pos	TIV	2 Redi-mix			
14-3/4"	9-5/8'					1217'	<i>Y-</i>	<u> 13-7</u>	<u> </u>	3150 sx			
8-3/4"	·	<u> </u>				8160'		camp	4 (1)	Κ	1875 sx	<u> </u>	
, TEST DATA AND REQUES		2-7/8" ALLOW		Æ		.l	7437 <b>'</b>		<del></del>	l	<del> </del>		
OIL WELL. (Test must be after r					nd mus	t be equal to o	r exceed top a	llowable	for this	depth or be	for full 24 ho	urs.)	
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)							
7-26-91		0-91				<del></del>	ping			Choke Size			
Length of Test	Tubing Pr				Casing Pressure			211					
24 hrs	16					Water - Bbls.			Gas- MCF				
Actual Prod. During Test 1419	Oil - Bbls				965				731				
GAS WELL		<del>-</del> .			•								
Actual Prod. Test - MCF/D	Length of	Test				Bbls. Conde	nsate/MMCF			Gravity of	Condensate	<del></del>	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIFIC	CATE O	F COM	PLI	ANC	E.	1	O!! 00		-D	ATION!	חוייים	ON	
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 is true and complete to the best of my knowledge and belief.						Dat	Date Approved AUG 1 6 1991						
Granita Socille							ORIGINAL SIGNED BY						
Signature Juanita Goodlett -	Produ	ction	<del>-</del>	vr.						LLIAMS SOR, DIS	STRICT IT		
7-30-91 Date	(		48-	1471 one No.		Title	<del>U</del>					<del></del>	
Pare		1	i-cv	: W.		11							

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.