l		* <u>-</u>							cls FL	
 Submit 5 Copies Appropriate District Office DISTRICT 1	I	Energy, M	State of Ne inerals and Natu	w Mexico ral Resources Department			RECEIVED Form C-104 Revised 1-1-89			
DISTRICT II	(OIL CO					OV 1 4 1991 at Bottom of Page Up			
P.O. Drawer DD, Artesia, NM 88210	P.O. Box 2088 Santa Fe, New Mexico 87504-2088						O. C. D.			
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410		JEST FO	R ALLOWAB		UTHORIZ	ATION	TESIA OFF	K.C		
I. Operator	•	TO TRAI	NSPORT OIL	AND NAT	URAL GA	S Well A	PI No.]	
YATES PETROLEUM CO	RPORAT	ION 🗸					15-26795	5		
Address 105 South 4th St.,	Artesi	a. NM	88210							
Reason(s) for Filing (Check proper box)				Othe	et (Piease expla	in)				
New Well X Recompletion	Oil	<u> </u>	Fransporter of: Dry Gas		covers o d by AMO		sported	by pipel	line or	
Change in Operator	Casinghea	_	Condensate					· · <u>· ·</u> · · · · · · · · · · · · · · ·		
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LE									
Lease Name State CO Com		Well No. 6	Pool Name, Includi North Dag	-	II/Penn		n Lease Régleyay or Fige	LG 1	ise No. 525	
Location			North Dag	ger Draw	oyrenn					
Unit Letter <u>H</u>	:	0	Feet From The <u>N</u>	orth Lim	and660	Fe	et From The _	East	Line	
Section 36 Township	1 95		Range 24E	, NI	ИРМ,		Eddy	/	County	
III. DESIGNATION OF TRAN	SPADTE	'D AF AF	I. AND NATE!	RAL GAS						
				Address (Giw PO Box	e address to wh	ich approved Tulsa,	copy of this fo	rm is to be sen	u)	
Name of Authorized Transporter of Oil or Condensate Amoco PL CoOil Tender Dept. Amoco PL Intercorporate Trucking Name of Authorized Transporter of Casinghead Gas X or Dry Gas				Address (Give address to which approved			<u> </u>			
Yates Petroleum Corpor				105 South 4th St., Art						
If well produces oil or liquids, give location of tanks.	Unit D	36	Twp. Rge. 19 24	Yes 11-			? -7-91			
If this production is commingled with that IV. COMPLETION DATA	from any oil	<u></u>		. <u></u>						
Designate Type of Completion	- (X)	Oil Well	Gas Well	Х	Workover	Deepen	Plug Back	Same Kesv	Diff Res'v	
Date Spaulded 9–16–91	1	pl. Ready to	Prod.	Total Depth 8240		· .	P.B.T.D.	8150'		
Elevations (DF, RKB, RT, GR, etc.)		-11-91 Producing Fo	mation	Top Oil/Gas Pay			Tubing Depth			
3582' GR	Can	yon	,	7704'			7909' Depth Casing Shoe			
rforations 77047832 '								8240'		
	TUBING, CASING AND									
HOLE SIZE	20"			DEPTH SET			SACKS CEMENT Redi-Mix			
14-3/4"	9-5/8"				1090'		1000 sx Pot ID-2 1850 sx 12-6-91			
8-3/4"	2-7/8"				<u>8240'</u> 7909'				$p \neq \beta R$	
V. TEST DATA AND REQUE				· · · ·		11. C		/		
OIL WELL (Test must be after) Date First New Oil Run To Tank	Date of T		of load oil and mus		ethod (Flow, pi			or juli 24 now	3.)	
11-7-91	11-11-91			Pumping Casing Pressure			Choke Size			
Length of Test 24	Tubing Pressure 175			170			3/4"			
Actual Prod. During Test	Oil - Bbl			Water - Bble			Gas- MCF 772			
GAS WELL	4	85		210			112		,	
Actual Prod. Test - MCF/D	Length o	f Test	·····	Bbis. Conde	nate/MMCF	· · · · · · · · · · · · · · · · · · ·	Gravity of (Condensate		
Testing Method (pitot, back pr.)	Tubing P	ressure (Shu	t-in)	Casing Pressure (Shut-in)			Choke Size			
				-\						
VI. OPERATOR CERTIFIC I hereby certify that the rules and regu					OIL COI	NSERV	ATION	DIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Date Approved NUV 2 7 1991						
Struinto Sa	Lanto Durdtette				ORIGINAL SIGNED BY					
	Juante Juanita Goodlett - Production Supvr.				By MIKE WILLIAMS SUPERVISOR, DISTRICT I					
Printed Name		505) 74	Title	Title	99					
<u>11-12-91</u> Date	(ephone No.		~ ~ ~ ~ ~					
				D 1. 1104						

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.

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.