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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

O. C. D. ARTESIA OSSIC

IVED	Form C-104 Revised 1-1-89
4 19 91	See Instructions at Bottom of Page
. O.	V

DISTRICT III	Dania re, New Mexico 87304-2008					
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWABLE AND AUTHORIZ					
v	TO TRANSPORT OIL AND NATURAL GA					

						AUTHORI					
	TC	TRAN	ISPO	RT OIL	AND NA	TURAL G	AS Well A	PI No			
Operator VARIBE DETERMINE	י דידי א מו מים מיחי	M						015-2682	27		
YATES PETROLEUM (·					
105 South 4th St.,		NM	8821	0		/n/					
Reason(s) for Filing (Check proper box)				en af:		er (Please expl 14 covers		anenorto	ad hu ni	neline	
New Well		hange in T	-			or truck			er na br	.Ьеттив	
Recompletion	Oil Casinghead (<u> </u>	Ory Gas Condens	_	and/	OF FERCE	L Dy APIO	•			
Change in Operator I change of operator give name	Campliness (
ad address of previous operator										 	
I. DESCRIPTION OF WELL	AND LEAS	E		· · · · · ·	- F		V:-1	of Lease	T	ease No.	
Lease Name	W	1			ng Formation	ur II/Donr	Contact	n Leane Begleral or Fed		CERC 110.	
Pincushion AHN		3	NO	ren bag	gger Dra	w U/Penr	1 ///	1111			
Location Unit LetterN	. 660	, ,	Feet Fro	on The So	outh Lin	e and19	980Fe	et From The	West	Line	
20				25E			Edd			County	
Section 30 Towns	hip 193		Range		, N	мрм,		<u></u>		- County	
III. DESIGNATION OF TRA	NSPORTER	OF OII	ANI	NATUI	RAL GAS				 		
Name of Authorized Transporter of Oil		r Condensi			l Address /Giv	ve address to w	hich approved	copy of this for	orm is to be s 70–2068	eni)	
Name of Awhorized Transporter of Oil Amoco PL CoOil Ter Amoco PL Intercorpor	ide r b ept. Cate Truck	ing			PO Box	702068 702068	Tulsa,	ŎŔ <u>741</u>	<u>7Ŏ–ŹŎĞŠ</u>		
Name of Authorized Transporter of Cas	inghead Gas		or Dry (Gas	1	we address to w				eni)	
Yates Petroleum Corp			Twp.	l Poe		South 4th Iy connected?	1, Artes		00210		
If well produces oil or liquids, give location of tanks.	Unit S		1 wp . 19	25	Yes	.,	1		23-91		
f this production is commingled with th	at from any other		ool, give	e commingli	ing order num	iber:					
V. COMPLETION DATA	<u>.</u>									L	
Designate Type of Completion		Oil Well X	0	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl.	-			Total Depth			P.B.T.D.			
10-17-91	11	_27-9	1		8204 '			8100'			
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation			Top Oil/Gas				Tubing Depth		
3554 GR	Canyon			763) J		_1	7870 Tepth Casing Shoe			
Perforations								8204	_		
7633-7820'	ייניי	IDINIO 4	CACD	IC AND	CEMENT	ING RECO	RD	1 -5207			
A SOLIT OLIVE					CENTENT	DEPTH SE		T	SACKS CEN	MENT	
HOLE SIZE	20 ¹	NG & TU	BING S)ILE	 	40'	•		Redi-Mi		
14-3/4"		5/8"				1129'	··········		900 sx	Part ID- 2	
8-3/4"	7"			,		8204'	·		1430 sx	12-13-92	
0-3/4	2-7	7/8"				7870 '	 		. CA	mp & BK	
V. TEST DATA AND REQU	EST FOR AL	LOWA	BLE						•	/	
OIL WELL (Test must be after	r recovery of total	il volume d	of load o	oil and must	be equal to a	r exceed top a	llowable for th	is depth or be	for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of Test				_	Method (Flow,	oump, gas lyt,	€IC.)			
11-23-91	11-27				Casing Pres	umping		Choke Size			
Length of Test	Tubing Press					170		3/4	11		
24 hrs Actual Prod. During Test	Oil - Bbls.	140			Water - Bbl			Gas- MCF			
694		284				410		678			
GAS WELL											
Actual Prod. Test - MCF/D	Length of T	est	<u></u>		Bbis. Cond	ensate/MMCF		Gravity of	Condensate		
Testing Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIF	TCATE OF	COMP	TIAN	NCE.	1				D" "C"	ON!	
I hereby certify that the rules and re	egulations of the 0	Oil Conser	vation			OIL CO	NSERV	'A FION	DIVISI	ON	
Division have been complied with	and that the infor	mation give	en abov	re				BEO.	0.4004		
is true and complete to the best of t	my knowledge an	d belief.			Da	te Approv	/ed	DEC	9 1991		
						• •		SINAL SIC	NED RY		
Signature /) woll				Ву		ORIC	E WILLIA!	MS		
✓ Juanita Goodlett	- Product	ion S	`	•			SUP	ERVISOR,	DISTRIC	T 19	
Printed Name 11-30-91	(5)	05) 74	Title . 8-14	.71	Tit!	e					
11-30-91 Date	(2)		ephone								

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.