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

State of New Mexico Energy, Minerals and Natural Resources Department

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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

DISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410	Duinu . ey . te tr =						
	REQUEST FOR ALLOWABLE AND AUTHORIZAT						
	TO TRANSPORT OIL AND NATURAL GAS						

O Rio Brazos Rd., Aztec, NM 87410	REQU	EST FO	OR AL	LOWABL	E AND A	UTHORIZ	ATION	- ' ;			
	TO TRANSPORT OIL AND NATURAL GAS						Well AP	Well API No.			
YATES PETROLEUM CORPORATION						30-	30-015-26852				
dress			0001	0							
105 South 4th St., A	rtesi	a, NM	8821	.0	Other	(Please explai	(n)				
ason(s) for Filing (Check proper box)		Change in	Tenneno	rter of:	U Ouker	(1 teme expan	••,				
w Well	Oil		Dry Ga	F 1							
completion \square	Casinghea	_	Conden								
hange in Operator Linear hange of operator give name	Campio					<u> </u>					
address of previous operator											
DESCRIPTION OF WELL A	ND LE	Well No.	Dool N	ame, Includin	e Formation		Kind of		Lea	se No.	
ease Name		10			ger Draw	U/Penn	State, F	ederal or Fee	NM C	43625	
Saguaro AGS Federal Co ocation	<u>m</u>	1 10	1								
_	. 660_		Feet Fr	om The No	orth Line	and198	O Fee	t From The _	West	Line	
								Eddy		County	
Section 26 Township	20S		Range	24E	, NN	IPM,		Lady		Coding	
I. DESIGNATION OF TRANS	SDADTI	O FO	II. AN	D NATUI	RAL GAS						
I. DESIGNATION OF TRANS ame of Authorized Transporter of Oil Amoco Pipeline Co 0	.EX	or Conde	nsale			address to wh	Tules	OK 741	rm is to be sen 70-2068	i)	
Amoco Pipeline Co O Amoco Pipeline Interco	i l T en	ider De e Truc	pt. king		DO ROV	/UZUh8 -	THISA	ŎŔ 741	70-2068		
ame of Authorized Transporter of Casing	head Gas	<u> </u>	or Dry	Gas	Address (Giw	e <i>address to wh</i> th 4th S	iich approved (!+ Arta	copy of thus Johnson	rm is to be sen 1.88210	i)	
Yates Petroleum Cropor		1-	17	Page	Is gas actually		When				
well produces oil or liquids, ve location of tanks.	Unit F	Sec.	Twp. 1 20		Yes	Commodes	•	13-92			
this production is commingled with that i	_				ing order numb	per:					
/. COMPLETION DATA							·			hice n tu	
		Oil We	•	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion			X		X Total Depth		.l	P.B.T.D.			
Date Spudded	1	Date Compl. Ready to Prod.				8080'			8024'		
12-16-91	1	1-24-92 Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Canyon			7650 '			7800 '				
3662 GR	 -	Carryon	<u> </u>		<u> </u>			Depth Casin			
7650-7730 '								808	<u>30'</u>		
					CEMENTI	NG RECOR DEPTH SET	<u> </u>		SACKS CEME	NT	
HOLE SIZE	C	ASING & 7	TUBING	SIZE	ļ	40'			Redi-Mix		
26"	ļ	9-5/8	<u> </u>	,		1133'	<u> </u>	W	1480 sx		
14-3/4"	 	711	0		 	8080			1500 sx		
8-3/4"	 	2-7/8	gii		 	7800	army	<i>P</i> //			
. TEST DATA AND REQUE	ST FOR	ATTOU	ADI I	<u> </u>	<u> </u>						
I. TEST DATA AND REQUE OIL WELL (Test must be after t	recovery of	total volum	e of load	d oil and mus	t be equal to o	exceed top al	lowable for thi	s depth or be	for full 24 hou	3.)	
Date First New Oil Run To Tank	Date of	Test			Producing M	EUIOU (TION, P	nump, gas tyt, e	eic.)			
1-13-92	1-2	1-24-92			Pumping Casing Pressure			Choke Size			
Length of Test	1 -	Tubing Pressure 300			365			2"			
24 hrs	Oil - Bb				Water - Bbl			Gas- MCF			
Actual Prod. During Test	O11 - B0	231				1056		3	382		
1287											
GAS WELL Actual Prod. Test - MCF/D	enoth	Length of Test			Bbls. Conde	Bbls. Condensate/MMCF			Gravity of Condensate		
Actual Prod. 1881 - MICP/D		Longui or 1000						O de Ciro			
Testing Method (pitot, back pr.)	Tubing	Pressure (S	hut-in)		Casing Pres	sure (Shut-in)	_	Choke Size	;		
								_l			
VI. OPERATOR CERTIFIC	CATE (OF CON	APLIA	NCE			NSERV	MOITA	DIVISIO	NC	
I hamby certify that the rules and regi	ulations of	the Oil Con	servatio	n.		حاب حال					
Division have been complied with an	d that the u	DIOLUMENTO	given sm	ove				JAN 2	9 1992		
is true and complete to the best of my	/ knowledg	e and belief	١.		∥ Dat	e Approv	ed				
, \\ X,	rode	1511				0	RIGINAL S	SIGNED B	Y		
- Comment					∥ By.	M	IKF WILL	AMS -			
Signature Juanita Goodlett	- Prod	uction	Supv	r.		. S	UPERVISO	R, DISTR	ICT B		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

1-27-92

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title

with Rule 111. 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

748-1471

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.