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DISTRICT I
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State of New Mexico Energy, Minerals and Natural Resources Departmen.

OIL CONSERVATION DIVISION

Santa Fe, New Mexico 87504-2088

RECEIVED

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 P.O. Box 2088

Form C-104 Revised 1-1-89 Revised 1-1-89 Revised Instructions at Bottom of Page	
O. C. D.	Op

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQU			LLOWAB	•			ZATION			
I.				PORT OIL				S	BI VI		
Operator YATES PETROLEUM CORPORATION					Well AP 30-(015-26907		
Address 105 South 4th St.,	Artesi	a, NM	882	210							
Reason(s) for Filing (Check proper box)					Oth	ner (Pla	ease expla	in)			ļ
New Well		Change in									
Recompletion	Oil	ᆜ	Dry (Gas 🖳							
Change in Operator	Casinghea	d Gas	Cond	ensate							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	ASE Well No.	Pool	Name, Includi	ng Formation				f Lease		ease No.
Palo Verde AJV Federa	1 Com	1		uth Dag			Penn	(State,)	Rederal py Peg	NM	81708
Location											
Unit LetterM	: 760	-	Feet	From The S	outh Li	ne and			et From The	West	Line
Section 24 Township	20S		Rang	<u>e</u> 24E		IMPM		Eddy		<u></u>	County
III. DESIGNATION OF TRANS	SPORTE	R OF O	IL A	ND NATU	RAL GAS	<u> </u>					
Name of Authorized Transporter of Oil	of Authorized Transpoder of Oil x or Condensate Co. x			Address (Give address to which approved copy of this form is to be sent) 502 Northwest Ave., Levelland, TX 79336 PO Box 702068, Tulsa, OK 74170-2068							
Name of Authorized Transporter of Casing	head Gas		or D	ry Gas	Address (G	ive ada	iress to wi	iich approved	copy of this f	orm is to be so	ent)
Yates Petroleum Corpor					·			t., Art		4 88210	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 24	Twp.	Rge.)s 24e	ls gas actua Yes	lly con	nected?	When 3.	7 -25 - 92		
If this production is commingled with that f	rom any oti	ner lease or	pool,	give comming	ing order nur	nber:					
IV. COMPLETION DATA					1			D	Dive Deels	Como Bachi	Diff Res'v
Designate Type of Completion	- (X)	Oil Well	 	Gas Well	New Well	i j we	orkover	Deepen	Plug Back	Same Res'v	Din Kes v
Date Spudded		pl. Ready to	o Prod		Total Depth	<u></u>			P.B.T.D.	·	
2-20-92	1	3-92			8300'				8:	150'	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Ga				Tubing Depth			
3639' GR	Canyon			771	8 '			7821'			
Perforations									Depth Casir	-	
7718-7780 '									8.	300'	
				SING AND	CEMENT				 	040/0 054	TAIT
HOLE SIZE		SING & T	UBING	3 SIZE	DEPTH SET				Redi-Mix Port ID-1		
26"		0"			ļ						
14-3/4"		-5/8"			ļ		93'		1050 sx 5-1-91		
8-3/4"	1	11			 		300'		 	900 sx	comp & BA
		-7/8"	ADT	77	<u> </u>	7	821 '				
V. TEST DATA AND REQUES OIL WELL (Test must be after r.	T FOR	ALLOW	ABL	E	the equal to	AY 4YC4	ed top all	owable for thi	s depth or be	for full 24 hor	urs.)
OIL WELL (Test must be after re			of loc	ia ou ana mus	Producing 1	Method	(Flow. p	ump, gas lift,	etc.)	J. J	
Date First New Oil Run To Tank	Date of T				1				•		
3-25-92	4-13-92			Pumping Casing Pressure				Choke Size			
Length of Test	Tubing Pressure			130				3/4"			
24 hrs Actual Prod. During Test	130 Oil - Bbls.			Water - Bbis.				Gas- MCF			
742	110					532			374		
	J										
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbls. Cond	iensate	/MMCF		Gravity of	Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)				Choke Size			
	1	E CC: 1	D* *	ANICE	-\				1		
VI. OPERATOR CERTIFIC	AIEO	r CUM	اللا	AINCE		Oll	L CO	NSERV	ATION	DIVISI	ON
I hereby certify that the rules and regulations of the Oil Conservation			APR 2 3 1992								
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					+c ^	nnrov		mrn & i	0 123r		
10 Har and combined to all one of my					ll Da	ue A	pprov	5u			
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Comphes				Ву			IKE WILL		- '		
Juanita Goodlett -	Produ	ction	Sup Tit			1		JPERVISO		RICT II	
Printed Name 4-16-92	(505) 7			Tit	ıe					
Date				ne No.							

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.