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

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

## Form C-104 Revised 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

Santa Fe, New Mexico 87504-2088

000 Rio Brazos Rd., Aztec, NM 87410	REQL	JEST FC	OR A	LLOWAI	BLE AND	AUTHOR	IZATION				
•						TURAL G	AS				
Operator		Well API No.									
YATES PETROLEUM C		30-015-26923									
Address 105 South 4th St.,	Artesi	a, NM	882	10							
Reason(s) for Filing (Check proper box)						ner (Please exp		T 1 0 T T	1	. 1	
Vew Well	011	Change in				oducing				ted	
Recompletion $\square$	Oil	_	Dry G		Dagger :	ZW #1, U	nit K, S	Sec. 30-	19S-425E		
Change in Operator	Casinghea	d Gas	Conde	ensate							
change of operator give name address of previous operator										<del></del>	
I. DESCRIPTION OF WELL	AND LEA	ASE									
Lease Name	Well No. Pool Name, Includi				ing Formation Kind			of Lease No.			
Dagger ZW					ger Draw U/Penn			Registration Fee			
ocation											
Unit LetterL	: 1730		Feet F	rom The	outh Lin	e and 660	F	eet From The.	West	Line	
				0.55			n.1.1.				
Section 30 Townshi	ip 19S		Range	25E	, N	MPM,	Eddy	<u> </u>		County	
	IOD O DEED	D 05 01			DAT CAC						
II. DESIGNATION OF TRAN		or Condens		ND NATU	KAL GAS	ue address to v	hich approved	I come of this f	orm is to he s	ent)	
Name of Authorized Transporter of Oil Amoco Pipeline Co.	[A_]				Address (Give address to which approved copy of this form is to be sent) 502 N. West Avenue, Levelland, TX 79336						
	Amoco Pipeline Intercorporate Trucking  ame of Authorized Transporter of Casinghead Gas					Address (Give address to which approved copy of					
Name of Authorized Transporter of Casin	105 South 4th St., Aretsia, NM 88210										
f well produces oil or liquids,	tes Petroleum Corporation    produces oil or liquids,					Is gas actually connected? When					
ive location of tanks.	K	30	198		Yes	.,	•	9 <del>2</del> 26–92	÷		
this production is commingled with that	from any oth	er lease or p	ool, gi	ive comming		iber:	<del></del>				
V. COMPLETION DATA		•		J		-					
		Oil Well	$\neg \vdash$	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		Х	Ĺ		X	1	1	<u> </u>	<u> </u>		
Date Spudded		Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
8-28-92	10-3-92				8120'			8050'			
levations (DF, RKB, RT, GR, etc.)	Name of Pr	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth 7847		
3568' GR Canyon					7632'						
erforations								Depth Casing Shoe			
7632–7806 <b>'</b>	<del></del>		<del></del>		CITIL (TEX IIII	NO PEGOI	<u> </u>	8120			
	TUBING, CASING AND				DEPTH SET				SACKS CEMENT		
HOLE SIZE		CASING & TUBING SIZE				40'			RediMix		
14-3/4"	9-5/8"			1115'			1350 sx circulated				
8-3/4"		7"			8120'			1750 sx circulated			
8-3/4	2-7/8"				7847			1,50			
TEST DATA AND REQUES			BLE	,	·					<u> </u>	
IL WELL (Test must be after r					be equal to or	exceed top all	owable for thi	s depth or be f	or full 24 hou	ers.)	
ate First New Oil Run To Tank	Date of Tes				Producing M	ethod (Flow, p	ump, gas lift, e	etc.)	Post	F JD -3	
9-26-92	10-3-	10-3-92				ping		1	10-23-91		
ength of Test	_	Tubing Pressure			Casing Press			Choke Size	comp	KRK	
24 hrs	160			18			2"				
ctual Prod. During Test	Oil - Bbls.				Water - Bbls			Gas- MCF			
1132	489	489				3		1152			
GAS WELL											
ctual Prod. Test - MCF/D	Length of Test				Bbls. Conder	sate/MMCF		Gravity of C	Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
Wassi and had						_					
I. OPERATOR CERTIFIC	ATE OF	COMPI	TAN	JCE.							
I hereby certify that the rules and regul				1CL	(		<b>NSERV</b>	ATION I	DIVISIO	NC	
Division have been complied with and	that the infor	mation given	abov	e							
is true and complete to the best of my knowledge and belief.					Date Approved						
$\cap$						pp. 0 ¥ C					
Manuta Day	dill				p.,	OF	IGINAL S	IGNED BY	1		
Cionatura					By MIKE WILLIAMS						
	Troudet		Title	•		· St	PERVISO	R, DIST <b>R</b> I	CT II		
Printed Name 10-12-92	(50	)5) 748		71	Title		·			<del></del>	
10-12-92 Date		Telepl									
		أنسيي	•	•	Ш						
			1:	ish 1	D.10 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.
- All sections of this form must be filled out for allowable on new and recompleted wells.
   Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
   Separate Form C-104 must be filed for each pool in multiply completed wells.