Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico

energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-104 Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FO	R ALLOWABL	E AND AUTHORIZA	TION	•		Ĭ
TO TRANSPORT OIL A			WEII API No.				
YATES PETROLEUM CORPORATION			JG 3 o 1993	-015-26949			
Address 105 South 4th St., A		88210	C D.				
Reason(s) for Filing (Check proper box)			Other (Please explain) WELL IS PRODUCIN	G THROU	GH LACT	LOCATE	TAC
New Well		Fransporter of:	PARISH IV #1 BAT	TERY, I	OCATED	NWSE OF	
Kecompletion		Dry Gas	SECTION 19-T19S-				
Change in Operator If change of operator give name	Casinghead Gas	Condensate					
and address of previous operator	ND I FASE						
II. DESCRIPTION OF WELL A Lease Name Ross EG Federal Com	Well No. Pool Name, Including		g Formation Kind of State, Fe		Lease Lease No. NM-0557142		
Location							_1
Unit Letter I	:1980	Feet From The So	uth Line and 660	Feel	From The	<u> East</u>	Line
Section 19 Township	198	Range 25E	, NMPM,	Eddy			County
III. DESIGNATION OF TRANS	SPORTER OF O	L AND NATUR	AL GAS	h approved o	opy of this for	m is to be ser	ut)
The carried The condensate of Cil The Condensate			Address (Give address to which approved copy of this form is to be sent) 502 N. West Ave Levelland. TX 79336				
Amoco Pipeline Company Amoco Pipeline Intercorporate Trucking			Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas			105 South 4th St Artesia, N			4 88210	<u> </u>
If well produces oil or liquids,	Unit Sec.		Is gas actually connected? When		7		
give location of tanks.	J 19	19S 25E	yes ng order number:	8	<u>-20-93</u>		
If this production is commingled with that f IV. COMPLETION DATA	from any other lease of				Plug Back	Same Des'v	Diff Res'v
Designate Type of Completion	Oil Wel		New Well Workover X	Deepen	Plug Back	Same Res v	J
Date Spudded	Date Compl. Ready t		Total Depth		P.B.T.D.		
RH 7-22-93	8-20-93		8230 [†] Top Oil/Gas Pay		8194'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		7752 T		Tubing Depth 7667'		
3571' GR Canyon		1132		Depth Casing Shoe			
Perforations 7752–7856 *					823	0'	
	TUBING	, CASING AND	CEMENTING RECORI)		SACKS CEM	FNT
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		Cement to surface		
26"		20"	40' 1120'		1200 sx - circulate		
14-3/4"		9-5/8"	8230'		1500 sx - circulate		
8-3/4"			- OLJU				
V. TEST DATA AND REQUE	ST FOR ALLOW	ABLE of load oil and must	be equal to or exceed top allo	wable for thi	s depth or be	for full 24 ho	urs.)
OIL WELL (Test must be after a Date First New Oil Run To Tank	Date of Test		Mountaing tatenton (1, 1914) be-	etc.)			
8-20-93	8-28-93		Pumping Casing Pressure		Choke Size		
Length of Test	Tubing Pressure		90		open		
24 hours	200		Water - Bbls.		Gas- MCF		
Actual Prod. During Test 590	Oil - Bbls. 101		489		208		
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size		
VI. OPERATOR CERTIFICATION OF THE PROPERTY OF	ulations of the Oil Con	servation	OIL CON	NSERV			ON
is true and complete to the best of m	y knowledge and belief	•	Date Approve			<u>1 1993</u>	
# usta blein			BySUPERVISOR, DISTRICT II				
Rusty Klein	Production	on Clerk Title		PERVISO	71N: **		
Printed Name August 30, 1993		748-1471	Title				
Date		Telephone No.	H				

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.