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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

## 2151

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

DISTRICT III

## 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	

1000 Rio Brazos Rd., Aztec, NM 87410	REQUE	ST FOR	ALLOWA	BLE AND AUTHORI	IZATION				
I. Operator YATES PETROLEU	A:10 E 1002					API No. 0-015-26982			
Address				a.c.D.				·	
105 SOUTH 4th	STREET,	ARTESIA,	NM B	XX Other (Please expl	lain)		<del></del>		
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator	Ci Oil Casinghead C	hange in Trans  Dry  Gas Conc		WELL PRODUCING SAGUARO AGS FI	G THRU I				
If change of operator give name and address of previous operator			<del>.</del>			· · · · · · · · · · · · · · · · · · ·			
II. DESCRIPTION OF WELL		E			· · · · · · · · · · · · · · · · · · ·		<del></del>	Na	
Lease Name Saguaro AGS Federal C	Well No.   Pool Name, Including Formation  o AGS Federal Com   12   South Dagger Draw I				COALA	ind of Lease Lease No.  Ale, Federal or Fee NM 043625			
Location Unit LetterL	. 1980	Feet	From The _	South Line and 660	· Fe	cet From The W	est	Line	
Section 14 Townshi	p 20S	Rang	2/15	, NMPM,		Eddy		County	
III. DESIGNATION OF TRAN	CDADTED	OF OIL A	ND NAT	URAL GAS					
Name of Authorized Transporter of Oil Amoco Pipeline Co.	INX OF	Condensate		Address (Give address to w	hich approved	copy of this form	is to be so	ent)	
Amoco Pipeline Interc	502 North West Avenue, Levelland, TX 79336  Address (Give address to which approved copy of this form is to be sent)								
Name of Authorized Transporter of Casin Yates Petroleum Corpo	ghead Gas	XX or D	ry Gas [	105 South 4th,	Artesia	a, NM 8821		:nr)	
If well produces oil or liquids, give location of tanks.	Unit Se	c. Twp.		e. Is gas actually connected? Yes	When	1 <b>?</b> 7–28 <b>–</b> 92			
If this production is commingled with that	from any other	ease or pool,	give commir	gling order number:					
IV. COMPLETION DATA		<del></del>	0 . 77.0	New Well   Workover	Deepen	Plug Back Sai	me Res'v	Diff Res'v	
Designate Type of Completion		Oil Well	Gas Well	New Well   Workover	Deepen	Ting back  Sai	HC ACS V		
Date Spudded	Date Compl. I	Ready to Prod.	<del></del>	Total Depth		P.B.T.D.			
6-23-92	7-31-92			8080 Top Oil/Gas Pay	8027'				
Elevations (DF, RKB, RT, GR, etc.) 3635 GR	Name of Producing Formation  Canyon			7718''		Tubing Depth 7770 *			
Perforations GK	Carry			1		Depth Casing S			
7718 <b>-</b> 7752 <b>'</b>		D C C C	WALCH AND	CENTENTENIC DECOR	<u> </u>	8080			
HOLE 8175		IG & TUBING		D CEMENTING RECOR	· ·	SAC	CKS CEM	ENT	
HOLE SIZE	CASIN	20"	JIZL	40'			iMix	Post ID-2	
14-3/4"	<del> </del>	9-5/8"	<del></del>	1100'		110	0 sx	8-28-52	
8-3/4"	<del></del>	7"		8080'		165	0 sx	Comp & B	
		2-7/8"		7770'		<u> </u>			
V. TEST DATA AND REQUES	ST FOR AL	LOWABL	E dollandm	ist be equal to or exceed top all	owable for thi	s depth or be for t	ull 24 hou	urs.)	
OIL WELL (Test must be after r  Date First New Oil Run To Tank  7-28-92	Date of Test 7-31		a on ana ma	Producing Method (Flow, property Pumping	ump, gas lift, e	etc.)			
Length of Test	Tubing Pressu			Casing Pressure		Choke Size			
24 hrs	160			160		Open			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF		
557	378	3		179		874			
GAS WELL									
Actual Prod. Test - MCF/D	Length of Tes	•		Bbls. Condensate/MMCF		Gravity of Cond	ensate		
Testing Method (pitot, back pr.)	Tubing Pressu	re (Shut-in)		Casing Pressure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC				OIL CON	NSERV.	ATION DI	 VISIC	)N	
I hereby certify that the rules and regule Division have been complied with and is true and complete to the best of my b	that the informa	tion given abo	ve	Date Approve	A	U6 2 1 199			
Quanta &	Wolled	T.				YONED DV			
Signature  JUANITA GOODLETT - PRODUCTION SUPVR.				By ORIGINAL SIGNED BY MIKE WILLIAMS					
Printed Name		Title		11	OUDEDVICAD DIOTRIOT IS				
7-31-92	しつひろり	748–1471	L	11					

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

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

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.