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

RECEIVED

See Instructions JUN 1 5 1992 Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

O. C. D.

DISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410	REQU	JEST FO	OR AL	LOWAB	LE AND AUTHORIZ AND NATURAL GAS	ATION S				
Operator	7.10 10 10 10 10 10 10	Well API No. 30-015-26990								
YATES PETROLEUM										
Address 105 SOUTH 4th S	TREET,	ARTES	IA, N	M 882	10 Other (Please explain	n)				
Reason(s) for Filing (Check proper box)		Change in	Transpor	rter of:	Outer to seem,	•				
New Well	Oi1		Dry Ga							
Recompletion	Casinghea		Conden							
Change in Operator	Casingina									
f change of operator give name and address of previous operator			<u>-</u>							
I. DESCRIPTION OF WELL A	L AND LEASE Well No. Pool Name, Including				- Formation	Kind o	(Lease	Lease No.		
Lease Name		Well No.	Pool Na	th Dage	ger Draw U/Penn	State!	replated by Fee			
Dahlia ALA Com				200						
Location	198	0	Foot Fo	om The	South Line and 660	Fe	et From The	West	Line	
Unit Letter	. :		_ reet I'i				Eddy		County	
Section 25 Township	20S		Range	24E	, NMPM,				County	
437	CD C D TT	D OF O	TY AN	D NATII	RAL GAS					
III. DESIGNATION OF TRANS	Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Oil XX or Condensate Amoco Pipeline Co. Amoco Pipeline Intercorporate Trucking Amoco Pipeline Intercorporate Trucking					502 N. West Avenue, Levelland, TX 79336 Address (Give address to which approved copy of this form is to be sent)					
Amoco Pipeline intercorporate Name of Authorized Transporter of Casinghead Gas XX or Dry Gas					Address (Give address to who 105 South 4th S	88210				
Yates Petroleum Corpor	ation	·	Im.	Par.		When	?			
If well produces oil or liquids,	Unit L	Sec. 24	Twp. 1 20	Rge.	Yes	i	5-29-92			
give location of tanks. If this production is commingled with that i	fmm any of	ther lease or			ing order number:					
If this production is committing of with that IV. COMPLETION DATA						1 5	Plug Back Sa	me Res'v	Diff Res'v	
		Oil Wel	1	Gas Well	New Well Workover	Deepen	Ping Back Se	une nes	[
Designate Type of Completion	- (X)	npl. Ready t	o Brod		Total Depth	L	P.B.T.D.			
Date Spudded		прі. Кезпут -8–92	o riou.		8170'		8115'			
5-1-92 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay 7653		Tubing Depth 7824			
devations (DF, RKB, RI, GR, etc.) 3614 GR Canyon					1033		Depth Casing Shoe			
Perforations					:		8170) '		
7653-7724		m IDDIO	CASI	NG AND	CEMENTING RECOR	D				
	1 0	TORING	LIDING	SIZE	DEPTH SET		SACKS CEMENT			
HOLE SIZE	 -	CASING & TUBING SIZE			80'		RediMix of JD.			
26"	,	9-5/8"			1094'			1500 sx 11-13-9		
14-3/4"	 	711			8170'	13.	50 sx	comp + 1		
8-3/4"		2-7/8"			7824					
V. TEST DATA AND REQUE	ST FOR			<u> </u>		omable de-ct	ie danth ar ha fai	r full 24 ho	urs.)	
OIL WELL (Test must be after t	recovery of	total volum	e of load	oil and mus	t be equal to or exceed top alle Producing Method (Flow, pr	owable for in	etc.)	<i>J.</i>		
Date First New Oil Run To Tank	Date of	Test -8-92			Pumping	à				
5-29-92	· i				Casing Pressure		Choke Size			
Length of Test	Tubing Pressure 320				220	Gas- MCF				
Actual Prod. During Test	Oil - Bb				Water - Bbls.		1	L540		
588		402			186					
GAS WELL							Gravity of Co	ndensate		
Actual Prod. Test - MCF/D	Length	of Test			Bbls. Condensate/MMCF		Glavity of Go			
		. (51			Casing Pressure (Shut-in)		Choke Size			
Testing Method (pitot, back pr.)	Tubing	Pressure (Sh	iut-in)							
		T COL	TDT TA	NCE			/ATION 5	N/101	ΩN!	
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OCT 1 0 1992				
is true and complete to the best of my	knowledge	e and belief.			Date Approve	ed	OUI LU	1552		
\cdot \wedge \cdot \cdot	7							-		
Canita Dardlett					Ву	ORIGINA	L SIGNED E	3Y		
JUANITA GOODLETT - PRODUCTION SUPVR.					MIKE WILLIAMS					
Printed Name)5) 748	Title	:	Title	SUPERVI	SOR, DISTR	HCT II		
6-9-92	(50		elephone		0	and the second second second second	والمراجع والمستدر والمراجع والمراجع	تجيميونيند. ۾ .		
Date		. 1	CICPITOTIC			-				

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.