mit 5 Copies propriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Depa. . . mt

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-104 Revised 1-1-89 at Bottom of Pas

Q. C. D.

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

000 Rio Brazos Rd., Azzec, NM 87410	REQUI	EST FO	OR AL	LOWAB	LE AND A	UTHORIZ	ZATION	TELESTA (	CAPPER.		
•	T	OTRA	NSP	ORT OIL	AND NAT	URAL GA	\S	DI Me			
Operator					Well Al			71 No. 0-015-26997			
YATES PETROLEUM CO	KPORATI	.ON						0-013-2	0331		
Address 105 South 4th St.,	Artesia	, NM	8821	10							
Reason(s) for Filing (Check proper box)						r (Please expla			********* * 0.0	AMED A	
New Well		Change in	-	1 1		RODUCING					
Recompletion	Oil		Dry Ga	~~	ROSS E	FED. #:	ر, LUCAT			2U-	
Change in Operator	Casinghead	Gas	Conden	isate				T19S-	KZJE		
f change of operator give name and address of previous operator				·						<del></del>	
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name	Well No.   Pool Name, Includi				ng Formation			f Lease			
Ross EG Federal Com -		10	Nor	th Dag	ger Draw	U/Penn	Signe,	Rederal of Fee	NM US	5/142	
Location				**	. 1	100	0 -		Fact	V !	
Unit LetterG	: 1980	<del> </del>	Feet Fr	rom The No	orth Line	and	<u>U</u> Fo	et From The _	East	Line	
Section 20 Township	, 19S		Range	25E	, NI	ирм,	I	Eddy		County	
III. DESIGNATION OF TRANS		R OF O	IL AN	D NATU	RAL GAS	e address to wi	hich approved	copy of this fo	orm is to be set	u)	
Name of Authorized Transporter of Oil  AMOCO PIPELINE CO  AMOCO PIPELINE INTERCORPORATE TRUCKING					Address (Give address to which approved copy of this form is to be sent) 502 N. West Ave., Levelland, TX 79336						
AMOCO PIPELINE INTERCOL			or Dry	Gas		e address to w					
Name of Authorized Transporter of Casing YATES PETROLEUM CORPOR.	ATION		or Diy		105 So.	4th St.	, Artes	La, NM 8	8210		
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	_	y connected?	When				
give location of tanks.	D	20	19	25	Yes		l	9-10-92			
If this production is commingled with that f	from any oth	er lease or	pool, gr	ve comming	ing order num						
IY. CUMPLETION DATA		Oil Well	<u> </u>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		Х	i_		X	L			<u> </u>	J	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
7-26-92	9-11-92				8350 Top Oil/Gas Pay			8282 Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation Canyon					7679'			7877 <b>'</b>			
Perforations Carryon					I			Depth Casing Shoe			
7679-7862'								8	350'	<u>,, , , , , , , , , , , , , , , , , , ,</u>	
					CEMENTI	NG RECOR	<u>.</u>	1	SACKS CELL	ENT	
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			RediMix			
26"	20"			40' 1145'			1695 sx - circulated				
14-3/4"	9-5/8"			8350'				1850 sx - circulated			
8-3/4"	7"			7877'			1000 011 011001000				
V. TEST DATA AND REQUES	T FOD A	2-7/8"	ARL.	Ξ.	1	1011					
V. TEST DATA AND REQUEST OIL WELL (Test must be after r	ecovery of to	stal volume	of load	- l oil and mus	t be equal to o	exceed top all	lowable for th	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te	st			Producing M	ethod ( <i>riow, p</i>	ump, gas lift,	etc.)	Pest	ID-2	
9-10-92	9-11-92			Pumping Casing Pressure			Choke Size Ramp & BIT				
Length of Test	Tubing Pressure			180			211				
24 hrs Actual Prod. During Test	Oil - Bbls.		<del></del>		Water - Bbls			Gas- MCF			
2144		20			1924	·		5.	26		
GAS WELL								•	·		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conde	Bbls. Condensate/MMCF			Gravity of Condensate		
					Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	Tubing Pr	essure (Sh	ut-in)		Casing Pres	sure (Snut-In)		CHOKE SIZE	•		
VI. OPERATOR CERTIFIC  I hereby certify that the rules and regular Division have been complied with and is true and complete to the best of my	lations of the	e Oil Conso	ervation			OIL CO	4	ATION		N	
	Я				Dal	e whhine		<u></u>			
He anitas	1)00	de	U	<del></del>	∥ <sub>By₋</sub>			LSIGNE	) BY		
Signature Juanita Goodlett -	Produc	ction	Supvi	r.	""		MIKE WI				
O Guantica Goodiete The Transfer of the Transf					SUPERVISOR, DISTRICT !!						

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

Printed Name 9-15-92

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title.

. . . . .

with Rule 111. 2) All sections of this form must be filled out for allowable on new and recompleted wells.

(505) 748-1471

Title

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.