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State of New Mexico Encesy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION | 10 to 10 to 15 to 15

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

44 6

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Operator                                                                                                                           | <del></del>                    |                                               | /              |                   |                                      |                                              | Well                                  | API No.               |                    |                                       |  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------|----------------|-------------------|--------------------------------------|----------------------------------------------|---------------------------------------|-----------------------|--------------------|---------------------------------------|--|
| YATES PETROLEUM CORPORATION                                                                                                        |                                |                                               |                |                   |                                      |                                              |                                       | 30-015-27013          |                    |                                       |  |
| 105 Courth Ath Ct                                                                                                                  | A                              | - MM                                          | 001            | 10                |                                      |                                              | •                                     |                       |                    |                                       |  |
| Reason(s) for Filing (Check proper box)                                                                                            | Artesi                         | a, NM                                         | 882            | 10                |                                      | er (Please exp                               | lain)                                 |                       |                    | <del></del>                           |  |
| New Well Change in Transporter of:                                                                                                 |                                |                                               |                |                   |                                      | Guer (1 sease explain)                       |                                       |                       |                    |                                       |  |
| Recompletion                                                                                                                       | Oil                            |                                               | <b>-</b>       |                   |                                      |                                              |                                       |                       |                    |                                       |  |
| Change in Operator                                                                                                                 | Casinghe                       | ad Gas                                        | Conde          | _                 |                                      |                                              |                                       |                       |                    |                                       |  |
| If change of operator give name                                                                                                    |                                |                                               | <del>=</del>   |                   |                                      |                                              |                                       |                       |                    |                                       |  |
| and address of previous operator                                                                                                   | ANDIE                          | 4 OT                                          |                |                   | · <del>-</del> · · · · ·             |                                              |                                       |                       |                    | · · · · · · · · · · · · · · · · · · · |  |
| II. DESCRIPTION OF WELL Lease Name                                                                                                 |                                | Dool N                                        | Isma Includi   | ng Formation Kind |                                      |                                              | of I asea                             | of Lease No.          |                    |                                       |  |
| •                                                                                                                                  |                                | Well No.   Pool Name, Including 2   S. Dagger |                |                   | Draw Upper Penn                      |                                              |                                       | State, Federal or Fee |                    | 2787-A                                |  |
| Senita AIP Federal Co Location                                                                                                     | 111                            |                                               | 1 5.           | Dayyer            | Draw up                              | ber sem                                      | 1 1                                   | <u></u>               | 1411-4             | 2707-A                                |  |
| N                                                                                                                                  | . 66                           | 0                                             | Foot E         | The               | South Lin                            | 198                                          | 30 <del>.</del>                       | eet From The _        | West               | Line                                  |  |
| Unit Letter                                                                                                                        | _ ;                            |                                               | _ rea r        | rom ine           |                                      | c and                                        | г                                     | œt Lioni The _        |                    |                                       |  |
| Section 14 Township                                                                                                                | 20s                            |                                               | Range          | 24E               | , N                                  | мрм,                                         | Eddy                                  |                       |                    | County                                |  |
| III. DESIGNATION OF TRAN                                                                                                           | CDADTE                         |                                               | NYY A N        | III NJATET        | DAT CAS                              |                                              |                                       |                       |                    |                                       |  |
| Name of Authorized Transporter of Oil                                                                                              |                                | or Conde                                      |                |                   | Address (Giv                         | e address to w                               | hich approve                          | d copy of this fo     | rm is to be se     | ent)                                  |  |
| Amoco Pipeline Co Oil Tender Dept.                                                                                                 |                                |                                               |                |                   | PO Box 702068 - Tulsa, OK 74170-2068 |                                              |                                       |                       |                    |                                       |  |
| Name of Authorized Transporter of Casing                                                                                           | or Dry                         | or Dry Gas Address (Give address to whi       |                |                   |                                      | th approved copy of this form is to be sent) |                                       |                       |                    |                                       |  |
| Yates Petroleum Corpo                                                                                                              |                                | XX                                            |                |                   | 1                                    |                                              | • • •                                 | · Artesia             |                    | -                                     |  |
| If well produces oil or liquids,                                                                                                   | Unit                           | Sec.                                          | Twp.           | Rge.              | is gas actuali                       |                                              | When                                  |                       |                    |                                       |  |
| give location of tanks.                                                                                                            | J                              | 14                                            | 20             | 24                | yes                                  | <u> </u>                                     | l                                     | 12-4-92               |                    |                                       |  |
| If this production is commingled with that i                                                                                       | from any oth                   | her lease or                                  | r pool, gi     | ve commingl       | ing order numi                       | ber:                                         |                                       |                       |                    |                                       |  |
| IV. COMPLETION DATA                                                                                                                |                                | 10:171                                        | . 1            | 0 31/-11          | N 11/-11                             | Wadensa                                      | Decree                                | Plug Back             | Sama Dae'u         | Diff Res'v                            |  |
| Designate Type of Completion                                                                                                       | - (X)                          | Oil Wel                                       | 1 I '          | Gas Well          | New Well                             | Workover                                     | Deepen                                | I ring back i         | Same Kes v         | I but yes a                           |  |
| Date Spudded                                                                                                                       |                                | pl. Ready I                                   | o Prod.        |                   | Total Depth                          |                                              | <u> </u>                              | P.B.T.D.              | <del> </del>       |                                       |  |
|                                                                                                                                    |                                |                                               |                |                   | 8090                                 | ) <b>!</b>                                   |                                       |                       | 8041'              |                                       |  |
| 10-27-92<br>Elevations (DF, RKB, RT, GR, etc.)                                                                                     | Name of Producing Formation    |                                               |                |                   | Top Oil/Gas                          | Pay                                          |                                       |                       | Tubing Depth       |                                       |  |
| 3626' GR Canyon                                                                                                                    |                                |                                               |                |                   | 7680                                 | )                                            |                                       |                       | 7614'              |                                       |  |
| Perforations                                                                                                                       |                                |                                               |                |                   | 1                                    | <u></u>                                      |                                       | Depth Casing          |                    |                                       |  |
| 7680-7777!                                                                                                                         |                                |                                               |                |                   |                                      | 8090'                                        |                                       |                       |                    |                                       |  |
|                                                                                                                                    | 7                              | <b>TUBING</b>                                 | , CASI         | NG AND            | CEMENTI                              | NG RECOR                                     | SD                                    |                       |                    |                                       |  |
| HOLE SIZE                                                                                                                          | HOLE SIZE CASING & TUBING SIZE |                                               |                |                   | ,                                    | DEPTH SET                                    | •<br>                                 | s                     | SACKS CEMENT       |                                       |  |
| 14-3/4"                                                                                                                            | 9-5                            | 9-5/8"                                        |                |                   | 107                                  | 71'                                          |                                       |                       | acks -             |                                       |  |
| 8-3/4"                                                                                                                             | 7"                             |                                               |                |                   |                                      | 8090'                                        |                                       |                       | 1425 sacks - circ. |                                       |  |
|                                                                                                                                    | 2-7/8"                         |                                               |                | 761               | 4'                                   |                                              |                                       |                       |                    |                                       |  |
| WEST DATE AND DECLIES                                                                                                              | T FOR                          | ATTOW                                         | ARIE           |                   |                                      |                                              |                                       |                       |                    | ····                                  |  |
| V. TEST DATA AND REQUES OIL WELL (Test must be after re                                                                            | 1 FUR A                        | ALLUVV<br>otal voluma                         | adua<br>Molina | oil and must      | he equal to or                       | exceed top all                               | lowable for th                        | is depth or be fo     | or full 24 hou     | rs.)                                  |  |
| Date First New Oil Run To Tank                                                                                                     | Date of Te                     |                                               | - 0, 1022      | <u> </u>          | Producing M                          | ethod (Flow, p                               | ump, gas lift,                        | etc.)                 |                    |                                       |  |
|                                                                                                                                    | 12-4-92                        |                                               |                |                   | _                                    | Pumping                                      |                                       |                       |                    |                                       |  |
| 12-4-92<br>Length of Test                                                                                                          |                                | Tubing Pressure                               |                |                   | Casing Press                         |                                              |                                       | Choke Size            |                    |                                       |  |
| 24 hours                                                                                                                           |                                | 150                                           |                |                   | 150                                  |                                              |                                       | or                    | oen                |                                       |  |
| Actual Prod. During Test                                                                                                           | Oil - Bbls.                    |                                               |                |                   | Water - Bbis.                        |                                              |                                       | Gas- MCF              |                    |                                       |  |
| 302                                                                                                                                |                                | 170                                           |                |                   | <u></u>                              | 132                                          |                                       | J                     | 58 55              | 5                                     |  |
| GAS WELL                                                                                                                           |                                |                                               |                |                   |                                      |                                              | ·                                     |                       |                    |                                       |  |
| Actual Prod. Test - MCF/D                                                                                                          | Length of                      | Test                                          |                |                   | Bbls. Conder                         | nsate/MMCF                                   |                                       | Gravity of C          | ondensate          |                                       |  |
|                                                                                                                                    |                                |                                               |                |                   |                                      | (6)                                          |                                       | O de Cia              |                    |                                       |  |
| Testing Method (pitot, back pr.)                                                                                                   | Tubing Pr                      | ressure (Shi                                  | ut-in)         |                   | Casing Press                         | ure (Shut-in)                                |                                       | Choke Size            |                    |                                       |  |
|                                                                                                                                    | <u> </u>                       |                                               |                | <del></del>       | <b>┦┌──</b> ─                        |                                              |                                       |                       |                    |                                       |  |
| VI. OPERATOR CERTIFIC                                                                                                              |                                |                                               |                | NCE               | 11 6                                 |                                              | NSFRV                                 | 'ATION I              | DIVISIO            | N                                     |  |
| I hereby certify that the rules and regulations of the Oil Conservation                                                            |                                |                                               |                |                   |                                      |                                              | 102                                   |                       |                    |                                       |  |
| Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. |                                |                                               |                |                   |                                      |                                              | - d                                   | DEC 2                 | 9 1992             |                                       |  |
| is true and complete to the best of my                                                                                             |                                |                                               |                |                   | Date                                 | Approve                                      | a                                     |                       |                    |                                       |  |
| Ku at Klair                                                                                                                        |                                |                                               |                |                   |                                      | ~~                                           | 1/                                    | 11.                   | 11                 | ,                                     |  |
| 1) Wally 1 William                                                                                                                 |                                |                                               |                |                   | ∥ By_                                | By //a/h////                                 |                                       |                       |                    |                                       |  |
| Signature (/) /<br>Rusty Klein - Production Clerk                                                                                  |                                |                                               |                |                   |                                      |                                              |                                       |                       |                    |                                       |  |
| Printed Name                                                                                                                       |                                |                                               | Title          |                   | Title                                | SUL                                          | <u>PERVISO</u>                        | R, DISTRI             | CTII               |                                       |  |
| December 8, 1992                                                                                                                   | (5                             |                                               | 48-14          |                   |                                      |                                              |                                       |                       |                    |                                       |  |
| Date                                                                                                                               |                                | Te                                            | elephone       | INO.              | <u> </u>                             |                                              | · · · · · · · · · · · · · · · · · · · |                       |                    |                                       |  |

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.