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

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

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

RECEIVED

APR 30 1993

C. C. D.

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>YATES PETROLEUM CORPORATION</b>		Well API No. <b>30-015-27040</b>
Address <b>105 South 4th St., Artesia, NM 88210</b>		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <b>XX</b> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <b>WELL PRODUCING THROUGH LACT UNIT LOCATED AT</b> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> <b>STATE CO #3, located NW/NW, Sec. 36-19S-25E</b>		
If change of operator give name and address of previous operator _____		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>State CO Com</b>	Well No. <b>8</b>	Pool Name, Including Formation <b>North Dagger Draw U/Penn</b>	Kind of Lease State, Federal or <b>Lease</b>	Lease No. <b>E-2781</b>
Location Unit Letter <b>C</b> : <b>916</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>West</b> Line Section <b>36</b> Township <b>19S</b> Range <b>24E</b> , <b>NMPM</b> , <b>Eddy</b> County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>AMOCO PIPELINE CO.</b>	Address (Give address to which approved copy of this form is to be sent) <b>502 N. West Avenue, Levelland, TX 79336</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Yates Petroleum Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>105 South 4th St., Artesia, NM 88210</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>D</b>	Sec. <b>36</b>
	Twp. <b>19</b>	Rge. <b>25</b>
Is gas actually connected? <b>Yes</b>		When? <b>4-1-93</b>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> <b>X</b>	Gas Well	New Well <input checked="" type="checkbox"/> <b>X</b>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <b>1-25-93</b>	Date Compl. Ready to Prod. <b>4-24-93</b>		Total Depth <b>7965'</b>		P.B.T.D. <b>7965'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3606' GR</b>	Name of Producing Formation <b>Canyon</b>		Top Oil/Gas Pay <b>7764'</b>		Tubing Depth <b>-</b>			
Perforations <b>NONE - WELL COMPLETED IN OPEN HOLE 7764-7965'</b>					Depth Casing Shoe <b>7764'</b>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>26"</b>	<b>20"</b>		<b>40'</b>		<b>Redi-Mix</b>			
<b>14-3/4"</b>	<b>9-5/8"</b>		<b>1078'</b>		<b>1300 sx-circulated</b>			
<b>8-3/4"</b>	<b>7"</b>		<b>7764'</b>		<b>730 sx</b>			

### V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test <b>4-24-93</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hrs</b>	Tubing Pressure <b>200</b>	Casing Pressure <b>150</b>	Choke Size <b>3/4"</b>
Actual Prod. During Test <b>1105</b>	Oil - Bbls. <b>203</b>	Water - Bbls. <b>902</b>	Gas - MCF <b>122</b>

### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

### VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature  
**Juanita Goodlett** - Production Supvr.  
Printed Name  
**4-28-93** (505) 748-1471  
Date  
**4-28-93** Telephone No.

### OIL CONSERVATION DIVISION

Date Approved **MAY 14 1993**

By **ORIGINAL SIGNED BY**  
**MIKE WILLIAMS**  
Title **SUPERVISOR, DISTRICT II**

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.