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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

CLSF  
LT  
GT  
bp

JUN 22 1993

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

Operator <b>YATES PETROLEUM CORPORATION</b>	Well API No. <b>30-015-27214</b>
Address <b>105 South 4th St., Artesia, NM 88210</b>	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator _____	

PRODUCING THRU LACT LOCATED AT HILL VIEW  
AHE FEDERAL #2, UNIT G, SECTION 23-T20S-R24E,  
EDDY COUNTY, NEW MEXICO

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Hill View AHE Federal Com</b>	Well No. <b>17</b>	Pool Name, Including Formation <b>S. Dagger Draw Upper Penn</b>	Kind of Lease State, Federal or Fee	Lease No. <b>NM-86241</b>
Location Unit Letter <b>0</b> : <b>710</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>East</b> Line Section <b>23</b> Township <b>20S</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 Intercompany Trucking</b>	Address (Give address to which approved copy of this form is to be sent) <b>502 N. West Ave. - 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 So. 4th St. - Artesia, NM 88210</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>G</b>	Sec. <b>23</b>	Twp. <b>20S</b>	Rge. <b>24E</b>	Is gas actually connected? <b>yes</b>	When? <b>5-29-93</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"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <b>RH 3-8-93</b> <b>RT 4-29-93</b>	Date Compl. Ready to Prod. <b>5-29-93</b>		Total Depth <b>8120'</b>		P.B.T.D. <b>8058'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3652' GR</b>	Name of Producing Formation <b>Canyon</b>		Top Oil/Gas Pay <b>7657'</b>		Tubing Depth <b>7599'</b>			
Perforations <b>7657-7798' Canyon</b>					Depth Casing Shoe <b>8120'</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>Cement to surface</b>
<b>14-3/4"</b>	<b>9-5/8"</b>	<b>1120'</b>	<b>1600 sacks - circ.</b>
<b>8-3/4"</b>	<b>7"</b>	<b>8120'</b>	<b>1510 sacks - circ.</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 <b>5-29-93</b>	Date of Test <b>6-15-93</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>120</b>	Casing Pressure <b>120</b>	Choke Size <b>2"</b>
Actual Prod. During Test <b>365</b>	Oil - Bbls. <b>238</b>	Water - Bbls. <b>127</b>	Gas - MCF <b>400</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.

*Rusty Klein*

Signature  
**Rusty Klein** Production Clerk  
Printed Name  
**June 18, 1993** Title  
**(505) 748-1471**  
Date Telephone No.

### OIL CONSERVATION DIVISION

JUL 23 1993

Date Approved

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.