Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

RCLEIVED

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

OIL CONSERVATION DIVISION

P.O. Box 2088

AUG 2 6 1993

ISTRICT II O. Drawer DD, Artesia, NM 88210		P.O. Box	2088		PUG	₩ U 133.	Ī	,		
	Sant	a Fe, New Mex	ico 87504-	2088	Ċ	LK, D.				
STRICT III 00 Rio Brazos Rd., Aziec, NM 87410	REQUEST FO	D ALLONADI	E AND AL	THORIZA	50 WW	الرافو مخيد رادفة				
	HEQUEST FU	HALLOWADL	ND NATU	IRAL GAS	3					
	TOTAN	TO TRANSPORT OIL AND NATURA				Well Art No.				
Perator YATES PETROLEUM CO	ORPORATION				30	-015 - 275	06			
ddress										
105 South 4th St.,	Artesia, NM	88210						····		
eason(s) for Filing (Check proper box)			☐ Other (WELL PRO	Please explain	inoncu	ተልሮሞ ፐብር	א משדע	RODEN		
lew Well			GD #2 BA	TUCING I	OCATED	IN THE N	ESW OF	1.02		
lecompletion		Ory Gas	SECTION	11ER1, 1 25_T19C-	R24E	111 11111 1				
Thange in Operator	Casinghead Gas	Condensate	SECTION	23 1170						
change of operator give name and address of previous operator										
I. DESCRIPTION OF WELL	AND LEASE						1 1 1 2 2	- No		
Lease Name	Well No. 1 Pool Name, including it			Formation Kind of I			Lease No. derai or Fee NM-58024			
March AMI Federal Com	1	North Dagge	er Draw U	pper Per	in state,					
ocation			. •	100	1		West	Line		
Unit Letter N	:660	Feet From The Sc	outh Line	nd198	Fee	t From The	WESL			
		- 24E	, NMI	n./	Eddy			County		
Section 25 Townsh	<u> 198 </u>	Range 24E	, INIVI	141,	<u>uuu</u>					
II. DESIGNATION OF TRA	NCDODTED OF OF	I. AND NATUR	AL GAS							
II. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil		sale		address to wh	ch approved	copy of this for	m is to be sen	·)		
Amoco Pipeline Compan	dame of Administrati Transporter of the				502 N. West Ave Levelland, TX 79336 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas			Address (Give	address to wh	ich approved	ia. NM 88210				
Yates Petroleum Corpo	ration				When	sia, NM	00210			
If well produces oil or liquids,		,	Is gas actually	connected?		8-2-93	i			
give location of tanks.		19S 24E	yes							
If this production is commingled with the	at from any other lease or	pool, give commingi	ng order number	···				•		
IV. COMPLETION DATA	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completio		1	X		İ			<u> </u>		
	Date Compl. Ready to	Prod.	Total Depth			P.B.T.D.	_			
Date Spudded RH 7-3-93 RT 7-9-93		8-2-93			8070 '			8000'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
3605' GR	Canyon	7680'			7624 Depth Casing Shoe					
Perforations						1 -	3070 '			
7680-	7747 '		CEL CELTUR	IC DECOR	D	<u></u> `	3070			
	TUBING	TUBING, CASING AND		CEMENTING RECORD DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING & T	CASING & TUBING SIZE		40'			Cement to surface .			
26"	<u>_</u>	-5/8 ¹¹	1075'			1300 sx - circulate				
14-3/4"		7"		8070'			1475 sx - circulate			
8-3/4"										
V. TEST DATA AND REQU	EST FOR ALLOW	ABLE				. to all an ha	for full 2d hou	re)		
OIL WELL (Test must be aft	IEST FOR ALLOW er recovery of total volume	e of load oil and mus	be equal to or	exceed top all	owable for th	es aepin or be	Pm	710-		
Date First New Oil Run To Tank	Date of Test	Date of Test		Literation (s. sem) Land 1. 8			10	-29-9		
8-2-93		8-5-93		Pumping Casing Pressure			tom	p x Bl		
Length of Test	1 -	Tubing Pressure		100			open /			
24 hours	100			Water - Bbls.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			278			156			
344						•	•			
GAS WELL			Bble Conde	nsate/MMCF		Gravity of	Condensate			
Actual Prod. Test - MCF/D	Length of Test	Length of Test		Bbls. Condensate/MMCF			:			
	Tubing Pressure 75	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	Tanink Trespute (ar	-								
	TO ATTE OF COL	IDI IANCE	1			/ATTION !	DIVICI	⊃N!		
VI. OPERATOR CERTI	CALE OF CON	TI LIVINCE	1	OIL CO	NSEH!	VATION	ופואות	۱۱۷		
I hereby certify that the rules and Division-have been complied with		SEP 2 9 1993								
is true and complete to the best of	my knowledge and belief		∬ [°] Dat	e Approv	red	JET 4	a 1000			
1/ 1/1	•			• •		A. A	5 17			
of until los	Rv	•	URIGINAL	SIGNED	BA					
Signature Production Clerk			by.	By MIKE WILLIAMS SUPERVISOR, DISTRICT IF						
Rusty Klein	Production	Title	Titl		OUPERVIS	50K. DIST	KICI IT			
Printed Name August 26, 1993	(505)	748-1471								
Date		Telephone No.					· · · · · · · · · · · · · · · · · · ·			

- 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.