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

Form C-104 Revised 1-1-89 See Instructions

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

OIL CONSERVATION DIVISION 1 7 1994

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I. TO TRANSPORT OIL AND NATURAL GAS												
Operator Well .									PI No.			
YATES PETROLEUM CORPORATION 25575								30-015-27525				
Address												
105 South 4th St., A	rtesia,	NM 8	8210			- /D//-	2-1					
Reason(s) for Filing (Check proper box) New Well	,	Thomas in T	T-mmn-n-	rtan afi		r (Please expla	in)		,			
New Well X Change in Transporter of: Recompletion Oil Dry Gas												
Change in Operator Casinghead Gas Condensate												
If change of operator give name	Casingneau	Oas	Conden	Batte			 					
and address of previous operator												
II. DESCRIPTION OF WELL AND LEASE Wilson												
Sunflower AHW Federal Well No. Pool Name, Including 2 Undesign									f Lease Lease No. Federal of Foe NM 76936			
Location		_			_		_		_			
Unit Letter A : 660 Feet From The North Line and 660 Feet From The East									Line			
Section 31 Township 19S Range 24E , NMPM, Eddy County												
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS												
Name of Authorized Transporter of Oil X or Condensate Amoco Pipeline Intercorporate Trucking Address (Give address to which approved copy of this form is to be so 502 N. West Avenue, Levelland, TX												
Name of Authorized Transporter of Casinghead Gas Yates Petroleum Corporation					Address (Give address to which approved copy of this form is to be sent) 105 South 4th St., Artesia, NM 88210							
If well produces oil or liquids,					Is gas actually	y connected?	When	1 1-11-94				
give location of tanks.	A	31	19	24	YES			1-2-9	4			
If this production is commingled with that f	from any other	r lease or p	ool, giv	e commingl	ing order numb	ber:				•		
IV. COMPLETION DATA		100.00.0			1	1 ,,,	1 5	1 50 5 5	la pote	biss n		
Designate Type of Completion	- (X)	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to F		Prod.		Total Depth	l		P.B.T.D.	L			
8-31-93	10-23-93				9120'			4440'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
3851' GR	Abo				3940'			4016'				
Perforations								Depth Casing Shoe				
3940-4130'						9114'						
HOLE SIZE	TUBING, CASING AND							DACKS OFFICE				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT Redi-Mix			
17½"	13-3/8"				376'			500 sx - circulated				
121"	9-5/8"				1435'			1010 sx - circulated				
7-7/8"	5-1/2"				9114'			1600		Calacca		
V. TEST DATA AND REQUES				/2-7	7/8" @ 40			1 1000	<u> </u>			
OIL WELL (Test must be after re							wable for thi	s depth or be	for full 24 how	rs.)		
Date First New Oil Run To Tank	Date of Test					ethod (Flow, pu			P	100		
10-23-93	2-14-94					Pumping		13-18-94				
Length of Test	Tubing Pressure				Casing Pressure			Choke Size CAMPY-BIX				
24 hrs	80						2"					
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.	Water - Bbls.			Gas- MCF			
210	60				150			180				
GAS WELL												
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, 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					OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date ApprovedFEB 2 5 1994							
Granita Doodlets												
Signature					By_	By ORIGINAL SIGNED BY						
					MIKE WILLIAMS							
Printed Name 2-15-94	Title 505/748-1471					<u> </u>	UPERVISI	OR, DISTE	CCT J			
Date												
			-									

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.