State of New Mexico

Form C-104 45F Revised February 10, 1994

Instructions on back Submit to Appropriate District Office

PO Drawer DD, Artonia, NM \$8211-0719

OIL CONSERVATION DIVISION

istrict III				G	PO Bo	x 2088	1 1000				5 Copies		
000 Rio Braz istrict [V	YM 87410		Santa .	re, NM	1 87504	-2088			A	MENDED REPORT			
O Box 2008.	Santa Fe, NM	7504-2088		1 (N)/ A I	מוב או	יו א כווא	THORI	7 4 TT	ON TO TR	ANSPO	RT		
<u> </u>	RE	QUEST	Operator nam			ND AC	JTHORIZATION TO TRANSPORT						
Vates	Yates Petroleum Corporation										025575		
105 S	105 South Fourth Street							' Resson for Filing Code					
Artes	Artesia, NM 88210							NW					
'API Number SEGREST DRAW 'PO							e				& Boot Code		
30 - 015-28160			-Wildcat Abo						= 96032 Q67				
	Property Code		¹ Proper				y Name				' Well Number		
013899 Sunflower AHW Federal											5		
I. 10	Surface I				T. F. 4 (**)		North/Sog	th Line	Feet from the	East/West	ine County		
Ul or lot no.	or lot no. Section Township		Range	Lot.Idn Feet from the						_			
J 31 19S			24E			0	South		2000 East Eddy		Eddy		
Bottom Hole Location Southern Township Rease Lot Ida Feet from the North/South line Feet from the									Ford Corporation	East/West	Line County		
UL or lot a	o. Section	Township	Range	Lot Ida	Feet In	om the	Nortalise		LOCT HOM THE				
			1 1 1 6 - 1	Connection D	-1-11	C-129 Pers	is Number	1	* C-129 Effective	Date	17 C-129 Expiration Date		
" Lee Cod		g Method C				0-12/ 1111					·		
F	P			-94 (TS	1111)			ــــــــــــــــــــــــــــــــــــــ					
	and Gas	Transporter N	lame		" PC	Œ	11 O/G						
OGR	ID		and Addres							and Desc	riptica		
			L Intercorp Trucking 28			281025	10252 0		Unit A - Section 31-T19S-R24E				
130040	202		TX 79						\$- \$1				
<u></u>					ion	001005			TIi+ A	Soatio	n 31_T19S_R24F		
025561	025561 Yates Petroleum Corporation 28							10253 G Unit A - Section 31-T19S-R24E					
	Årt	esia,	NM 8821	0									
								Post to-2					
											3-31-95 comp+BH		
											comp + BH		
: 4	<u> </u>						_						
IV. Pro	oduced Wa	ater				× Pon ≀	ILSTR Loca	tion and	Description				
	POD	77	t A - Se	otion 3	:1_ጥ1 0 ፡	••••							
28102				etion 3	1-117	3-K24L			·				
V. Well Completion Data Bould Date Ready Date						" TD	" TD " PB			TD Perforations			
RH 10-17-94 RT 10-19-94		ļ	11-11-94			4300'			4250 '	4091-4115'			
RT 10	-19-94 * Hole Size	 :		Casing & Tu	bing Size	7300		Depth S			n Sacks Cement		
26"			20"						40' Cement		to surface		
			8-5/8"				14		06' 1690 s		sx - circulate		
12-14/"									00' 500 sx		<i>r</i>		
7-7/8"			5-1/2"				- 				`		
	<u> </u>			2-	7/8"			40	30'				
	ell Test D						pt on		M 713	Preserve	¹⁴ Cag. Pressure		
D P			Daire, Dan		Test Date		" Test Length		M Tbg. Pressure		80		
			11-94 (TSTM) 12-3					ours	80 " AOF		* Test Method		
	" Choke Size		" Oil Water				TSTM		AOF		Pump Test		
		ــــــــــــــــــــــــــــــــــــــ	7	Division	52	lied	1911	.1			Tump rese		
* I hereby	y cerufy that the	rules of the (on given abor	Dil Conservation we is true and co	Division have emplete to the	best of my	nea	C	IL C	ONSERVA	TION D	IVISION		
knowledge	e and belief.	•	1/1	-			TO THE OLD PROTECT II						
Signature:		ster	Fle	<u> </u>									
Printed name: Rusty Klein							Title:						
Tide: Production Clerk							Approval Date: NFC 9 9 1004						
Date: I	December			505-748	-1471								
of If this	is a change of o	perator fill	in the OGRID	number and t	ame of the	previous o	perator						
											le Date		
	Presion	s Operator S	Signature			P	rinted Name			Tit	e Dane		

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15,025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accompanied by a tabulati accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple

Improperly filled out or incomplete forms may be returned to operators unapproved.

- Operator's name and address 1.
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- Reason for filing code from the following table: NW New Well 3.

NW RC CH

Recompletion

Change of Operator Add oil/condensate transporter Change oil/condensate transporter ÃO

AG CG RT Add gas transporter Change gas transporter Request for test allowable (Include volume requested)

If for any other reason write that reason in this box.

- The API number of this well 4.
- The name of the pool for this completion 5.
- The pool code for this pool 6.
- 7. The property code for this completion
- The property name (well name) for this completion 8.
- The well number for this completion 9.
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10
- 11. The bottom hole location of this completion
- Lease code from the following table: 12.

Federal State Fee

S

Jicarilla Navajo Uta Mountain Uta Other Indian Tribe

The producing method code from the following table: F Flowing Pumping or other artificial lift 13.

- MO/DA/YR that this completion was first connected to a 14. gas transporter
- The permit number from the District approved C-129 for this completion 15
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17. completion
- The gas or oil transporter's OGRID number 18.
- 19. Name and address of the transporter of the product
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- Product code from the following table: 21.

Oil Gas

- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.)
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will essign a number and write it here. 23.
- The ULSTR location of this POO if it is different from the well completion location and a short description of the POO (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well 27
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Inside diameter of the well bore 30.
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and 32.
- Number of sacks of cement used per casing string 33.

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced 34.
- MO/DA/YR that gas was first produced into a pipeline 36.
- MO/DA/YR that the following test was completed 38.
- Length in hours of the test 37
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas well 39.
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42. Barrals of water produced during the test
- MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D 44.
- The method used to test the well:
 F Flowing
 P Pumping
 S Swabbing 45.

If other method please write it in.

- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 48.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.