

District I
PO Box 1900, Hobbs, NM 88241-1900
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Yates Drilling Company 105 South 4th Street Artesia, NM 88210		OGRID Number 025513
		Reason for Filing Code NW
API Number 30-015-30782	Pool Name Under Winchester Morrow	Pool Code 87600
Property Code 26226	Property Name Hubble 28 State Com	Well Number 1

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West Line	County
E	28	19S	28E		1980	North	990	West	Eddy

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West Line	County
Lee Code	Producing Method Code	Gas Connection Date 3-31-00	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
9171	GPM Gas Corporation P.O. Box 910588 Dallas, TX 75391-0588	2825618	G	E Section 28-19S-28E
138648	Amoco Pipeline, Inc. Trucking 502 N. West Ave. Levelland, TX 79336	2825617	O	E Section 28-19S-28E

IV. Produced Water

POD 2825619	POD ULSTR Location and Description E Section 28-19S-28E
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
11-29-99	4-12-00	11,200	10,770'	9580'-9605'
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	
20"	16"	40'	Cement to Surface	
17 1/2"	13 3/8"	390'	500 sxs.	
11"	8 5/8"	2950'	1450 sxs.	
7 7/8"	5 1/2"	11200'	600 sxs.	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Cag. Pressure
4-12-00	4-13-00	4-13-00	24 hrs.	-	-
Choke Size	Oil	Water	Gas	AOF	Test Method
-	9	72	19.8		Pump

I hereby certify that the rules 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:

Printed name:

Karen J. Leishman

Title:

Engineering Technician

Date:

5-9-00

Phone: 505-748-4500

OIL CONSERVATION DIVISION

Approved by:

Jim W. Beem

Title:

SUPERVISOR, DISTRICT II

Approval Date:

MAY 16 2000

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED

AMENDED REPORT AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in 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 completion.

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

Operator's name and address

Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.

Reason for filling code from the following table:

New Well

Recompletion

Change of Operator

Add oil/condensate transporter

Change oil/condensate transporter

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

The name of the pool for this completion

The pool code for this pool

The property code for this completion

The property name (well name) for this completion

The well number for this completion

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.

The bottom hole location of this completion

Lease code from the following table:

Federal

State

Fee

Jicarilla

Navajo

Ute Mountain Ute

Other Indian Tribe

The producing method code from the following table:

Flowing

Pumping or other artificial lift

MO/DA/YR that this completion was first connected to a gas transporter

The permit number from the District approved C-129 for this completion

MO/DA/YR of the C-129 approval for this completion

MO/DA/YR of the expiration of C-129 approval for this completion

The gas or oil transporter's OGRID number

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 office will assign a number and write it here.

Product code from the following table:

Oil

Gas

22. The ULSTR location of the POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
23. The POD number of the storage from which water is moved from the property. If this is a new well or recompletion and the POD has no number the district office will assign a number and write it here.
24. The ULSTR location of the POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
25. MO/DA/YR drilling commenced
26. MO/DA/YR this completion was ready to produce
27. Total vertical depth of the well
28. Plugback vertical depth
29. Top and bottom perforation in this completion or casing shoe and TD if openhole
30. Inside diameter of the well bore
31. Outside diameter of the casing and tubing
32. Depth of casing and tubing. If a casing liner show top and bottom.
33. Number of sacks of cement used per casing string
34. 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.
35. MO/DA/YR that new oil was first produced
36. MO/DA/YR that gas was first produced into a pipeline
37. MO/DA/YR that the following test was completed
38. Length in hours of the test
39. Flowing tubing pressure - oil wells
40. Shut-in tubing pressure - gas wells
41. Flowing casing pressure - oil wells
42. Shut-in casing pressure - gas wells
43. Diameter of the choke used in the test
44. Barrels of oil produced during the test
45. Barrels of water produced during the test
46. MCF of gas produced during the test
47. Gas well calculated absolute open flow in MCF/D
48. The method used to test the well:
F Flowing
P Pumping
S Swabbing
H other method please write it in.
49. 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
50. The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to make this report, the date this report was signed by that person
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