

State of New Mexico
Energy, Minerals and Natural Resources Department

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

JAN 25 '89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Submit 5 Copies
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

| | | |
|---|--|------------------------------|
| I. Operator Yates Petroleum Corporation ✓ | | Well API No. 30-015-22120 |
| Address 105 South 4th St., Artesia, NM 88210 | | |
| Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | | |
| If change of operator give name and address of previous operator | | |

| | | |
|--|---------------|---|
| II. DESCRIPTION OF WELL AND LEASE | | Lease No. NM 21012 |
| Lease Name Federal HQ | Well No. 1 | Pool Name, Including Formation Indesignated Strawn |
| Kind of Lease State, Federal or Fee/ | | |
| Location Unit Letter N : 990 Feet From The South Line and 1980 Feet From The West Line Section 5 Township 21S Range 22E, NMPM, Eddy County | | |

| | | | |
|---|---|--|-------------|
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | Address (Give address to which approved copy of this form is to be sent) | |
| Name of Authorized Transporter of Oil Navajo Refg. Co. | or Condensate <input checked="" type="checkbox"/> | PO Box 159, Artesia, NM 88210 | |
| Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Co. | or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) PO Box 1384, Jal. NM 88242 | |
| If well produces oil or liquids, give location of tanks. | Unit N | Sec. 5 | Twp. 21s |
| | Rge. 22e | Is gas actually connected? Yes | |
| | | When? 12-20-88 | |

If this production is commingled with that from any other lease or pool, give commingling order number:

| | | | | | | | | | |
|--|---------------------------------------|--------------------------|----------|---------------------------|----------|----------------------------|-----------|------------|------------|
| IV. COMPLETION DATA | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Designate Type of Completion - (X) | | | X | | | | X | | X |
| Date Spudded RECOMPLETION 7-16-88 | Date Compl. Ready to Prod. 7-22-88 | Total Depth 8679' | | P.B.T.D. 7883' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 4314' GR | Name of Producing Formation Strawn | Top Oil/Gas Pay 7538' | | Tubing Depth 7484' | | Depth Casing Shoe 8240' | | | |
| Perforations 7538-7695' | | | | | | | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | | SACKS CEMENT | | | | | |
| 15 1/2" | 13-3/8" | 30' | | 3 yds Redi-mix (in place) | | | | | |
| 12 1/2" | 8-5/8" | 1100' | | 775 sx (in place) | | | | | |
| 7-7/8" | 5 1/2" | 8240' | | 405 sx (in place) | | | | | |
| | 2-3/8" | 7484' | | | | | | | |

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 | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

| | | | |
|---|---------------------------------|----------------------------------|-----------------------|
| GAS WELL | | Bbls. Condensate/MMCF | Gravity of Condensate |
| Actual Prod. Test - MCF/D 45 | Length of Test 6 hrs | - | - |
| Testing Method (pitot, back pr.) Back Pressure | Tubing Pressure (Shut-in) 95 | Casing Pressure (Shut-in) Pkr | Choke Size 1/8" |

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.

Signature
Juanita Goodlett - Production Supvr.
Printed Name
1-23-89
Date
505/748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 30 1989

By Original Signed By
Mike Williams

Title

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.

Yates Petr. Corp.
Federal "HQ" #1
5-21S-22E
SE 5W