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 at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.

REQUEST FOR ALLOW	ABLE AND A	UTHORIZATIO	NC
TO TRANSPORT C	OL AND NAT	URAL GAS	
	1		Well AF
	I_{Z}	١,٠	

Operator Control of Co					1/	Well A					
YATES PETROLEUM CO	UM CORPORATION						30-	015-22)15-22235		
Address 105 South 4th St.,	Artesia	a, NM	882	10							
Reason(s) for Filing (Check proper box)	X Other (Please explain)										
New Well		Change in	-	_							
Recompletion	Oil		Dry G		EFF	ECTIVE D	ATE: J	anuary 1	1, 1991	Ì	
Change in Operator	Casinghead	I Gas	Conde	nsate []							
If change of operator give name and address of previous operator			 -								
II. DESCRIPTION OF WELL A	ND LEA	SE	,								
Lease Name		Well No. Pool Name, Including					Kind of Lease State, Federal or Fee		ease No.		
Stonewall EP State	,	3 Avalon			<u>Delawa</u>		K-5115				
Location	E 4	E		G		1000			717 -		
Unit Letter N	:54	ວ	Feet F	rom The 🔔	Outh Line	and <u>1960</u>	Fe	et From The _	West	Line	
Section 19 Township	20	S	Range	28E	, NN	ирм,	Eddy			County	
		0.00	**		0.1.0.0						
M. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Pride Pipeline Company		OI COMOCI			ł					·· ·	
Pride Pipeline Company P.O. Box 2436 - Abilene, TX 79604 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)										ent)	
•											
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	ls gas actually	y connected?	When	?			
give location of tanks.	N	_19		Sl 28E	No.						
If this production is commingled with that f IV. COMPLETION DATA	rom any oth	er lease or	pool, g	ive comming!	ing order numb	ber:					
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -		1			Total Depth	<u> </u>	I		<u> </u>	J	
Date Spudded	Date Comp	ol. Ready to	o Prod.		Total Depth			P.B.T.D.	ED		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	roducing Fo	ormatio	n	Top Oil/Gas Pay				Tubing Depth		
				1							
Perforations							•	De Casil	gashee		
	7	TIDING	CAS	INC: AND	CEMENTI	NG RECOR	D		C. D.		
HOLE SIZE	,	SING & TU			CEMENTING RECORD DEPTH SET				TESPA CONSTERMENT		
HOLL SIZE	J	31110 0 11		<u> </u>			·····	The second second	Pot 21-	8	
		 						/3	-21-90		
								Chg. LT: NCOPEO.			
					<u> </u>						
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR A	LLOW	ABL	S I all and mine	he equal to on	aread top all	numble for the	ir danth or he	for full 24 hou	ere ì	
OIL WELL (Test must be after re	Date of Te		oj toac	i ou ana musi	Producing M	ethod (Flow, pu	imp, gas lift,	etc.)	101 Jul 14 1101	23. /	
Date That New On Kun To Tank	Date of Te	34				, ,	, , ,	ŕ			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size	Choke Size			
							Gas- MCF				
Actual Prod. During Test	Oil - Bbls.				Water - Bbis	•		Cas- MCF			
GAC TIPLY	1				1			<u> </u>			
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conder	nsate/MMCF		Gravity of	Condensate		
The Total Total Total	Length of Test			bols. Condition with the condition of th							
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size	Choke Size				
	<u> </u>				<u> </u>			<u> </u>	==.		
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIA	NCE			ICEDV	ATION	DIVICI	7N!	
I hereby certify that the rules and regulations of the Oil Conservation			1	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 Approved DEC 1 4 1990								
and the same some of my	<i>^</i>		0		Date	Approve				<u>. </u>	
Orignith Good	20H	al	G			By ORIGINAL SIGNED BY					
Signature Budget Signature			∥ By_	By MIKE WILLIAMS MIKE WILLIAMS DISTRICT IT							
Juanita Goodlett - Production Supvr.			CLIPERAISUR, DISTRICT								
Printed Name 12-14-9D	(5	05) 74	48-1		Title)					
Date	············		lephone	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
- 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.

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