Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico rgy, Minerals and Natural Resources Depart.

See Instructions at Bottom of Page

Form C-104 Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

SEP 2 2 1993

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	•	•	OWABI	E AND AUTHORIZA	ATION	0,1,0	c" v "	· ·	
TO TRANSPORT OIL AND NATURAL GAS						Well API No.			
Operator YATES PETROLEUM CORPORATION						30-015-23610			
Address									
105 South 4th St., Artesia, NM 88210 Reason(s) for Filing (Check proper box) Other (Please explain)									
New Well Change in Transporter of:									
Recompletion X Change in Operator									
Change in Operator									
II. DESCRIPTION OF WELL AND LEASE NE Happy Valley STRAWH									
Lease Name	Well No.	i e	ne, includin ndesig	State		Lease No. lederal or Fee Fee		ase No. e	
North Carlsbad OK Com		<u> </u>	HOOFE	ikaccu -	l_ 				
Unit Letter B : 660 Feet From The North Line and 1650 Feet From The East Line									
Section 26 Township 21S Range 26E NMPM, Eddy County									
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS									
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 159 - Artesia, NM 88210								
Navajo Refining Company I Name of Authorized Transporter of Casinghead Gas or Dry Gas XX				Address (Give address to which approved copy of this form is to be sent)					
Yates Petroleum Corpora	ation			105 South Fourth					
If well produces oil or liquids, give location of tanks.	Unit Sec. IB 26	Twp. 121S	Rge. 26E	Is gas actually connected?	When	9-2-93			
If this production is commingled with that f									
IV. COMPLETION DATA				New Well Workover	Deepen	Plug Back S	me Res'v	Diff Res'v	
Designate Type of Completion -	Oil Well - (X)	i j G	as Well X		Dapai	X			
Date Smidded	Date Compl. Ready to Prod.			Total Depth 11500'		P.B.T.D. 10625'			
RECOMPLETION 8-18-93 First (DE BER BT CP etc.)	9-2-93 Name of Producing Formation			TOP Oil/Gas Pay		Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) 3131' GR	Strawn			10040'		9977'			
Perforations					Depth Casing Shoe 11500'				
10040-10127	EMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT			
17-1/2"		13-3/8"		455'		In place Port TO-2			
12-1/4"	8-5/8"		2700'		In place 11-22-93				
7-7/8"	4-1/2"			11500'		In place PeA Ata			
TI MESTER DATE AND DECLIEST FOR ALLOWARLE									
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.) Producing Method (Flow, pump, gas lift, etc.)									
Date First New Oil Run To Tank	Date of Test			Producing Method (Flow, pu	mp, gas iyi,	sic.)			
Length of Test	Tubing Pressure			Casing Pressure		Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.		Gas- MCF			
GAS WELL	1								
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF		Gravity of Condensate			
1192	24 hours Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)		Choke Size			
Testing Method (pitot, back pr.) Back pressure	1 575			packer		1/4"			
VI. OPERATOR CERTIFICATE OF COMPLIANCE				OIL CONSERVATION DIVISION					
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				SEP 2 a 1993					
is true and complete to the best of my knowledge and belief.				Date Approved					
Girling ! Illen				Ву	By ORIGINAL SIGNED BY				
Rusty Klein Production Clerk				MIKE WILLIAMS					
Printed Name September 17, 1993 (505) 748-1471 Title SUPERVISOR, DISTRICT II									
Date Date		elephone l			· · · · · · · · · · · · · · · · · · ·				

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.