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

## State of New Mexico y, Minerals and Natural Resources Departi.

Form C-104	
Revised 1-1-89	
See Instructions	
at Bottom of Page	2

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

MOV 1 9 1993

DISTRICT III 000 Rio Brazos Rd., Aziec, NM 87410	,	OR ALLOWAR	•	UTHORIZ	ATION S	L C. D.				
•	REQUEST FOR ALLOWABLE AND AUTHORIZATO TO TRANSPORT OIL AND NATURAL GAS						Well API No.			
Operator YATES PETROLEUM C	ORPORATION 🗸									
Address 105 South 4th St.,	Artesia, NM	88210								
Reason(s) for Filing (Check proper box)			Othe	t (Please explai	n)	:				
New Well		Transporter of: Dry Gas								
Recompletion	Oil Casinghead Gas	Condensate								
change of operator give name	Caunghout Cas									
nd address of previous operator  I. DESCRIPTION OF WELL	AND LEASE	NE Hars	nn Val	ley Str	run		· · · ·	N/-		
Lease Name	ne Well No. Pool realise, instruments			State I			Lease Lease No. Fee Fee			
North Carlsbad OK Com	1 4	<del>Undesigna</del>	ted				ree			
Location	. 660	Feet From The No.	orth tine	and 1650	Fee	et From The	East	Line		
Unit Letter B	_ :	Feet From the	<u> </u>	. 4110	• • •			_		
Section 26 Townsh	ip 21S	Range 26E	, NI	ирм,	Eddy	<u> </u>		County		
II. DESIGNATION OF TRA	NSPORTER OF O	IL AND NATU	RAL GAS		ish suprayed	cany of this form	ie to he sen	t)		
	lame of Authorized Transporter of Oil or Condensate				Address (Give address to which approved copy of this form is to be sent)  P. O. Drawer 159 - Artesia, NM 88210					
Navajo Refining Compa Name of Authorized Transporter of Casi		or Dry Gas X	Address (Giv	e address to wh	ich approved	copy of this form	is to be sen	t)		
Natural Gas Pipeline			i .			TX 770				
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge. 21S   26E	ls gas actuall yes		When   9	? -2-93				
f this production is commingled with the IV. COMPLETION DATA	it from any other lease or	pool, give commingl	ing order num	ber:				,		
Designate Type of Completion	Oil Wel	l Gas Well	New Well	Workover	<b>Deepen</b>	Plug Back Sa	ıme Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready 1	o Prod.	Total Depth	<del></del>		P.B.T.D.		A		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing I	Top Oil/Gas Pay			Tubing Depth					
	·					Depth Casing	Shoe			
Perforations										
		, CASING AND	CEMENTI			1 04	OVC OFNE	NIT		
HOLE SIZE	CASING & T	UBING SIZE	DEPTH SET			SACKS CEMENT  Part T0-3  13-12-99				
			<u> </u>			100	LET!	y PC		
							7			
V. TEST DATA AND REQUI	EST FOR ALLOW recovery of total volum	ABLE  of load oil and mus	t be equal to o	r exceed top all	owable for thi	s depth or be for	full 24 hour	s.)		
Date First New Oil Run To Tank	Date of Test		Producing M	lethod (Flow, p	ump, gas lift,	elc.)				
			Casing Pressure			Choke Size				
Length of Test	Tubing Pressure		Casing 1 tosses							
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.		Water - Bbls.		Gas- MCF				
GAS WELL			<u></u>							
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size		· · · · · · · · · · · · · · · · · · ·		
VI. OPERATOR CERTIF					NSERV	'ATION E	OIVISIO			
I hereby certify that the rules and re Division have been complied with a is true and complete to the best of r	nd that the information g	iven above			•		0 1993			
12 min and complete to the old of the processing and sold of				e Approve		I SIGNED	RY			
Signature Illen				By ORIGINAL SIGNED BY MIKE WILLIAMS						
Rusty Kvein	Productio	n Clerk Title	Title	<b>a</b>		ISOR, DIST				
November 12, 1993	(505) 7	48-1471	11 1160	<u> </u>	مراجعا <sub>م</sub> ا المراجع الما المواجع					

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.

Telephone No.

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.