Submit 5 Copies Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Department RECEIVED Form C-104 Revised 1-1-89

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O. C. D. ARTESIA, OFFICE

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

))

Operator		Well API No.	
YATES PETROLEUM CORPORAT	TON V	1	
Address		30-015-26262	
105 South 4th St., Artesi	a, NM 88210		
Reason(s) for Filing (Check proper box)	Other (Please explain)		
New Well	Change in Transporter of:		. DD 00
Recompletion	Dry Gas Dual Completion	i approved orde	r, νν–32
Change in Operator Casingher	nd Gas Condensate		
If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LE.	ASE		
Lease Name	Well No. Pool Name, Including Formation	Kind of Lease	Lease No.
Zia AHZ Federal Com	1 East Burton Flat Morrow	/State, Federal on Ree /	NM 81929
Location			
Unit Letter Surf. 0 : 5	Feet From The South Line and 2125	Feet From The _Ea	st Line
Section Surf 11 _{Township} 20S	Range 29E , NMPM, Edd	ly	County

III. DESIGNATION OF TRAN	SPORTI	er of o	IL AND	NATUI	RAL GAS		
Name of Authorized Transporter of Oil Navajo Refining Co.	\square	or Conde				approved copy of this form is to be sent)	
Name of Authorized Transporter of Casing Yates Petroleum Corpor	ation	<u>(x)</u>	or Dry G	ias	Address (Give address to which 105 So. 4th, Ar Roy 5050 Rarrel	approved copy of this form is to be sent) tesia, NM 88210 syllle, OK 74005	
Phillips Petroleum Co. If well produces oil or liquids, give location of tanks.	Unit I O	Sec.	Twp.	Kge.	Is gas actually connected? Yes	When? Phillips - 5-23-90	
If this production is commingled with that f	rom any ot				ng order number		

Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded 12-15-89	Date Compl. Ready to Prod. 4-2-91.			Total Bepth 2785 TVD-12147			P.B.T.D. MD-12675'			
Elevations (DF, RKB, RT, GR, etc.) 3295 GR	Name of Producing Formation Morrow			Top Oil/Gas 1	Pay		Tubing Depth 11050'			
Perforations 12202-12432 *			· • · · · · · · · · · · · · · · · · · ·				Depth Casin	g Shoe		
	Т	UBING, CA	SING AND	CEMENTIN	NG RECOR	D	<u>.l</u>			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
26"	20"			383'			875 sx Part TD			
17½"	13-3/8"				1328'			990 sx 4-19-9		
121"	8-5/8"			3261'			1525 sx some 1			
7-7/8" '. TEST DATA AND REQUE		5111					1325 sx	1961		

/2-7/8" set @ 11050'/ 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 Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF

GAS WELL			
Actual Prod. Test - MCF/D 290	Length of Test 24 hrs	Bbls. Condensate/MMCF	Gravity of Condensate -
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 184	Casing Pressure (Shut-in) Pkr	Choke Size

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 is true and complete to the best of my knowledge and belief. APR 3 0 1991 Date Approved _ randa Signature Juanita Goodlett ORIGINAL SIGNED BY By. - Production Supvr. MIKE WILLIAMS Printed Name 4-9-91 Title SUPERVISOR, DISTRICT IT Title. (505)748-1471 Date Telephone 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 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.