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

State of New Mexico Energy, Minerals and Natural Resources Department

## **OIL CONSERVATION DIVISION**

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APR 1 5 19 Selections C-104 See Instructions	
O. C. D. at Bottom of Page	
ARTESIA, OFFICE	

DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. Box 2088  Santa Fe, New Mexico 87504-2088							ARTESIA.	OFFICE		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	DEOL						DIZATION				
I.					. AND NA		RIZATION GAS				
Operator YATES PETROLEUM CO	/ Well						API No. 0-015-26625				
Address 105 South 4th St.,	Artesi	a, NM	8821	0							
Reason(s) for Filing (Check proper box)	· ··-· · · · · · · · · · · · · · · · ·				Ot	her (Please e	ELABER	HEAD GA	C 14110=		
New Well Recompletion	Oil	Change in	Transport Dry Gas				FLARED	AFTER	WINDS!	NOT BE	
Change in Operator	Casinghe	id Gas 🗌	Condens			.,	UNLESS	AN EXCE	DTION T	.91	
If change of operator give name and address of previous operator				1.77		/	KULF 30	<u>6 IS OBT.</u>	4iNED		
II. DESCRIPTION OF WELL	AND LE		ls	Ildea	Z P.U	aware	·		Hotel 4	1, 151	
Lease Name Mary AIV State		Well No.	l .	-	ng Formation			i of Lease e, Federal or Fe		.ease No. 9.280	
Location		<u> </u>	DIVI	ngoton	Krage	DCIAWG		* 1111111	/ LG 3	7200	
Unit LetterG	:_1980	)	Feet Fro	m TheN	lorth Li	ne and	1980	Feet From The	East	Line	
Section 36 Townshi	p 21S		Range	31E	1	NMPM,		Eddy		County	
III DECICNATION OF TO AN	CDADTE	ים אם מי	/	N NIA TOTAL	DAT CAC						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	[XX]	or Conden		NATU	Address (G	ive address 1	o which approve	ed copy of this f		eni)	
Pride Pipeline Co.					PO Box 2436, Abilene, TX 79604  Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casin	gnead Cas		or Dry C		Address (G	ive adaress i	o wnich approvi	ed copy of this f	orm is to be s	eni)	
If well produces oil or liquids, give location of tanks.	Unit 1 G	S∞. 1 36	Twp.	Rge.   31e	. Is gas actually connected? When ?						
If this production is commingled with that	- <del> </del>	l	L	<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·					
IV. COMPLETION DATA		1	·				,				
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Wel	I Workove I	r   Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spaided 1-31-91	Date Compl. Ready to Prod.			Total Depth	8470'	· · · · · · · · · · · · · · · · · · ·	P.B.T.D.	1	<del></del>		
Elevations (DF, RKB, RT, GR, etc.)	4-8-91 Name of Producing Formation				Top Oil/Ga				8407 Tubing Depth		
3603 GR	Delaware					6991'			6910 ' Depth Casing Shoe		
6991-7018'; 7074-7105'							•	8470			
	,	ΓUΒING,	CASIN	IG AND	CEMENT	ING REC	ORD				
HOLE SIZE	CASING & TUBING SIZE					DEPTH S	ET		SACKS CEMENT Redi-Mix Yant Tre-1		
17½"		13-3/8"				852	· · · · · · · · · · · · · · · · · · ·		800 sx 4-36-91		
11"	8-5/8"					4480	i	17	1700 sx compt BK		
7-7/8"	5½"  5½"  7 FOR ALLOWABLE (2. 7 /2)				.	8470	<u>'</u>	67	670 sx		
V. TEST DATA AND REQUES OIL WELL (Test must be after r					be equal to		allowable for t	his depth or be	for full 24 hos	urs.)	
Date First New Oil Run To Tank 4-7-91	Date of Test 4-8-91			Producing Method (Flow, pump, gas lift, etc.) Pumping							
Length of Test 24 hrs	Tubing Pressure				Casing Pres	sure 40#		1	Choke Size		
Actual Prod. During Test	40# Oil - Bbls.				Water - Bb			Gas- MCF			
436	220				216			25	25 (est)		
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
VI. OPERATOR CERTIFIC  1 hereby certify that the rules and regul Division have been complied with and	lations of the	e Oil Conser ormation giv	vation				ONSER			NC	
is true and complete to the best of my					Dat	e Appro	ved	APK Z	১ ।৭৬।		
XCanta Xa	o dut	Υ			By.	·	ORIGINAL	SIGNED B	Υ		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature Juanita Goodlett

Printed Name

4-12-91

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

748-1471

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.

- Production Supvr.

(505)