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State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

Form C-104 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

CALL.

DISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410	DECLIEST FOR ALLOWAR	•	TION		
0	REQUEST FOR ALLOWABLE AND AUTHORIZA TO TRANSPORT OIL AND NATURAL GAS				
Operator YATES PETROLEUM CO	ORPORATION /		30-015-26794		
Address	Artesia, NM 88210				
Reason(s) for Filing (Check proper box)	Artenia, in our	Other (Please explain)			
New Well	Change in Transporter of:				
Recompletion	Oil Dry Gas				
Change in Operator	Casinghead Gas Condensate				
f change of operator give name and address of previous operator					
I. DESCRIPTION OF WELL Lease Name	AND LEASE Well No. Pool Name, Include	ing Formation	Kind of Lease	Lease No.	
Lost Tank AIS State		Delaware	State, Reported on Fee	V-1673	
Location					
Unit Letter P	: 660 Feet From The S	South Line and 660	Feet From TheE	ast Line	
Section 36 Townshi	ip 21S Range 31E	. , NMPM,	Eddy	County	
M. DESIGNATION OF TRAN	SPORTER OF OIL AND NATU	RAL GAS			
Name of Authorized Transporter of Oil	Address (Give address to which	e address to which approved copy of this form is to be sent)			
		PO Box 2436, Abi			
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas AYates Petroleum Corporation		Address (Give address to which approved copy of this form is to be sent) 105 South 4th St., Artesia, NM 88210			
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When ?		
give location of tanks.	N 36 21s 31e		11-4-91		
IV. COMPLETION DATA					
Designate Type of Completion	Oit Well Gas Well	New Well Workover	Deepen Plug Back Sar	ne Res'v Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
10-2-91	11-10-91	8530' 8485'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Top Oil/Gas Pay Delaware 6875'		Tubing Depth	Tubing Depth	
3591' GR Delaware		1 0073	Depth Casing Shoe		
6875-8303 '			8530'		
		CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
26"	20"	40'	Redi-		
17½"	13-3/8"	875'	750 sx 12-6-9		
11"	8-5/8" 5½"	4500' 1700 sx //mp + 8530' 1400 sx			
7-7/8" V. TEST DATA AND REQUE		7/8" @ 7100'/	1 1400	<u>sx</u> /	
OIL WELL (Test must be after	recovery of total volume of load oil and mu		ble for this depth or be for j	full 24 hours.)	
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump	, gas lift, etc.)		
11-4-91	11-10-91	Pumping			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
24 hrs	80	80	Gas- MCF		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.			
237	120	227	130		
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Con	densate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI. OPERATOR CERTIFIC	CATE OF COMPLIANCE	011 00110		NACION	
I hereby certify that the rules and regulations of the Oil Conservation		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.			NOV 2 7	1991	
)	Date Approved	34.6.		
Vite Corula Se	Collect	By ORI	GINAL SIGNED BY		
Cimphana	- Production Supvr.	By ORI	CE WILLIAMS		
Printed Name	Title		PERVISOR, DISTRIC	CT II	
11-22-91 Date	(505) 748-1471. Telephone No.			turning self-s	
Jan		11			

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.