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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

Revised 1-1-89 See Instructions at Bottom of Page

Form C-104

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PETROLEUM CORPORATION Well APINO. 30-015-26794	OISTRICT II O. Drawer DD, Artesia, NM 88210	U		P.O. Bo	x 2088				A		
TO TRANSPORT OIL AND NATURAL GAS YATES PETROLEUM CORPORATION Well API No. 30-015-26794 Well API No.	DISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410	REQUE		•	•		ATION		DL D	16.7°	
YATES PETROLEUM CORPORATION 30-015-26794 dddress 105 South 4th St., Artesia, NM 88210 Cascongletion Cascoper box Carbon for Filing (Check proper box) Change in Operator Carbon for Filing (Check proper box) Change in Operator Change in Op							6		√ (X)	-36	
Actor Acto	Operator						· · ·		0.7		
Other (Please explain)		RPORATIO	ON				30-	-013-267	94		
Change in Transporter of: Change in Transporter of: Change in Operator Casinghead Gas Condensate		Artesia	. NM 8	18210							
Change of operator give name and address of previous operator give not previous operator. LOSE TANK AIS State	Reason(s) for Filing (Check proper box) New Well Recompletion	(Change in Tr	ansporter of:				1-92			
I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Lost Tank AIS State 8 Lost Tank Delaware Well No. Poet From The South Line and 660 Feet From The East L Section 36 Township 21S Range 31E NMPM, Eddy County TENERAL RESPONSIBLE TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X Professional County Name of Authorized Transporter of Casinghead Gas Yates Petroleum Corporation If well produces oil or liquids, Junit Jose. Twp. Rge. Is gas setually connected? When 7 yiele location of tanks. N 36 21S 31E Yes 11-4-91 If this produces oil or liquids, Junit Jose. Twp. Rge. Is gas setually connected? When 7 yellow location of tanks. Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Tubling, CASING AND CEMENTING RECORD	Change in Operator	Caninghead	Gas C	ondensate							
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Lost Tank AIS State Well No. Rool Name, Including Formation Lost Tank Of Lease Lost No. V-1673	I. DESCRIPTION OF WELL	AND LEA	SE								
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Unit Letter P : 660 Feet From The South Line and 660 Feet From The East L Section 36 Township 21S Range 31E ,NMPM, Eddy Country Count	Lost Tank AIS State		8	Lost Tan	k Delawar	ware State Federal or Fee V-1673			'3		
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Yates Petroleum Corporation 105 South 4th St., Artesia, NM 88210	Enron Oil Trading & Ti	ansport	ation.	3 1 02	P.O. Bo	x 1188,	Houstor	n, TX 7	71 <u>51-118</u>	8	
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	HOI E 817E								SACKS CEM	ENT	
	HOLE SIZE		OITG W TO	J.,14 O.EL							
											

(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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF	
GAS WELL				

Date

Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test - MCF/D Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.)

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

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Orignita de	ralittles
Signature Juanita Goodlett	- Production Supvr.
Printed Name	Title (505) 748–1471

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OIL CONSERVATION DIVISION

JAN 2 2 1992 Date Approved -**CRIGINAL SIGNED BY** MIKE WILLIAMS SUPLAVIOUR, DISTRICT IF Title_

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.