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

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

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

JAN 2 1 1992 O. C. D.

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

						UTHORIZ URAL GA					
Operator /						Well API No.					
YATES PETROLEUM CORPORATION						30-015-26816					
105 South 4th St., A	Artesia	, NM	8821	r.0							
Reason(s) for Filing (Check proper box)					Othe	r (Please expla	in)				
New Well		Change in			7.6	•	0	1 00			
Recompletion \square	Oil	_	Dry Ga	_	Eti	ective D	Date: 2-	1-92			
hange in Operator	Casinghead	Gas	Conde	sate		·			·		
change of operator give name ad address of previous operator											
•	AUD FEL	OE.								•	
I. DESCRIPTION OF WELL A	e Formation K			Kind of Lease No.							
Lease Name Wolf AJA Federal		Well No. Pool Name, Including 5 Lost Tank				- I e 4			Federal or Fee NM-61358		
	1 3 1 2002 1411										
Location H	. 19	80		- N	orth Lin	330) _E	et From The	East	Line	
Unit LetterH	. :		reel P	rom the		: and	га	t rioin the _			
Section 25 Township	21	S	Range	31	E , N	MPM,	Eddy			County	
II. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS					 	
Name of Authorized Transporter of Oil	<u> </u>	or Conde			Address (Giv	e address to wh					
Enron Oil Trading & Transportation					P.O. Box 1188, Houston						
Name of Authorized Transporter of Casinghead Gas 💢 or Dry Gas 🔃					Address (Give address to which approved copy of this form is to be sent)						
Yates Petroleum Corporation					105 South 4th St., Art						
If well produces oil or liquids,	Unit	Sec.						10-24-91			
give location of tanks.	I	25	219		Ye.			10-24-	<i>7</i> 1		
f this production is commingled with that i	from any oth	er lease or	pool, gi	ive comming	ing order num						
V. COMPLETION DATA		70""		C - 31/-11	1 Non Wall	Wednesday	7	Diva Dack	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Wel	1	Gas Well	New Well	Workover	Deepen	i Piug Back	Panne Kez A	I Pili Kes v	
						Total Depth			P.B.T.D.		
Date Spudded Date Compl. Ready to Pr			o riou,					P.B.T.D.			
Elevations (DE DER DT CP etc.)	Name of P	mducina F	ormatio	vn	Top Oil/Gas	Pay		Tubing Dep	th		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation											
Perforations								Depth Casin	ng Shoe		
•											
	-	TIRING	CAS	ING AND	CEMENT	NG RECOR	ND.				
HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
HOLE SIZE	CACING & TODING CIZE										
							·				
	 										
	1										
V. TEST DATA AND REQUE	ST FOR A	ALLOW	ABLI	E							
OIL WELL (Test must be after t	recovery of 1	otal volum	e of load	d oil and mus	t be equal to c	r exceed top al	lowable for th	is depth or be	for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of Te				Producing N	Aethod (Flow, p	oump, gas lift,	elc.)	1	•	
								Chake Ci-			
Length of Test	Tubing Pressure Oil - Bbls.				Casing Pres	Casing Pressure			Choke Size		
<u> </u>					100				Gas- MCF		
Actual Prod. During Test					Water - Bbis.			OBG- 17303			
GAS WELL											
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
								Choka Siza			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Siz	CHOKE 2176			
VI. OPERATOR CERTIFIC	CATE O	F COM	IPLLA	ANCE		011 00	NICEDY	/ATION	יטועוכי	ON!	
I hereby certify that the rules and regu	ulations of th	e Oil Cons	servation	Δ		OIL CO	NOEHV	AHON	ופואוח	OIN	
Division have been complied with and	d that the inf	ormation g	given ab	ove		: '	٠ 🛊 ،		1000		
is true and complete to the best of my	knowledge	and belief.	•		Da	te Approv	ed	AN 2 2	1992		
The state of the s	- 11.	· +	1			1-1			-		
Luanita Xh	1 DELLE	(/	10		∥ By	טפוס	INAL SIG	NED RY			
Signature Juanita Goodlett	- Produ	ction	Supv	r.			WILLIAM				
Printed Name			Title		Tiel	e SUPE	RVISOR,	DISTRICT	r i T	•	
	(505) 7				<u> </u>					
D.4		า	elenhor	ve 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.