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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

Form C-104  
Revised 1-1-89  
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

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>YATES PETROLEUM CORPORATION</b>	Well API No. <b>30-015-26923</b>
Address <b>105 South 4th St., Artesia, NM 88210</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Chamois AKE Federal Com</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Undesignated Wolfcamp</b>	Kind of Lease <b>State, Federal or Reg</b>	Lease No. <b>NM 0473817</b>
Location Unit Letter <b>G</b> , 1980 Feet From The <b>North</b> Line and 1980 Feet From The <b>East</b> Line Section <b>33</b> Township <b>20S</b> Range <b>29E</b> , <b>NMPM</b> , <b>Eddy</b> County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>Navajo Refining Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>PO Box 159, Artesia, NM 88210</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Yates Petroleum Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>105 South 4th St., Artesia, NM 88210</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>G</b> Sec. <b>33</b> Twp. <b>20</b> Rge. <b>29</b>	Is gas actually connected? <b>YES</b> When? <b>9-11-92</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well <b>X</b>	New Well <b>X</b>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <b>6-28-92</b>	Date Compl. Ready to Prod. <b>11-4-92</b>		Total Depth <b>12220'</b>		P.B.T.D. <b>12147'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3621' GR</b>	Name of Producing Formation <b>Wolfcamp</b>		Top Oil/Gas Pay <b>9528'</b>		Tubing Depth <b>9492'</b>			
Perforations <b>9528-9609'</b>					Depth Casing Shoe <b>12220'</b>			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
36"	30"	39'	Redi-Mix
26"	20"	461'	900 sx circulated
17 1/2"	13-3/8"	1416'	11050 sx circulated
12 1/2"	8-5/8"	3115'	1080 sx circulated
7-7/8"	5-1/2"	12220'	1485 sx

### V. TEST DATA AND REQUEST FOR ALLOWABLE **12-7/8" @ 9492'**

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	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			
Actual Prod. Test - MCF/D <b>750</b>	Length of Test <b>24 hrs</b>	Bbls. Condensate/MMCF <b>2</b>	Gravity of Condensate <b>48°</b>
Testing Method (pitot, back pr.) <b>Back Pressure</b>	Tubing Pressure (Shut-in) <b>440</b>	Casing Pressure (Shut-in) <b>PKR</b>	Choke Size <b>17/64"</b>

### 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.

Signature *Juanita Goodlett*  
**Juanita Goodlett** - Production Supvr.  
Printed Name **11-13-92** Title **(505) 748-1471**  
Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_  
By *Revised*  
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.
- 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.