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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

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

Q. C. D.

SEP - 7 1993

1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION T. TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. YATES PETROLEUM CORPORATION 30-015-27313 Address 105 South 4th St., Artesia, NM 88210 Reason(s) for Filing (Check proper box) Other (Please explain) X New Well GAS CONNECTION Change in Transporter of: Dry Gas Recompletion Oil П Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee Bandana Federal Unit Wildcat Morrow NM-54840 Location 2310 660. Feet From The North Line and _ Unit Letter _ Feet From The Line 20 22S 24E Section Township , NMPM, Eddy County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Navajo Refining Company P. O. Box 159 - Artesia, NM 88210 or Dry Gas X Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas Yates Petroleum Corporation 105 So. 4th St. - Artesia, NM 88210 If well produces oil or liquids, Unit Twp. Rge. Is gas actually connected? When? give location of tanks. Η 20 | 22S 24E yes September 1, 1993 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Total Depth Date Compl. Ready to Prod. P.B.T.D. 2-27-93 4-23-93 10710' 8613' Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth 4252' GR Canyon 10406' 10366' Perforations Depth Casing Shoe 8514-85621 10710' TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE **DEPTH SET** SACKS CEMENT 20" 26" 40' Cement to surface 173 13-3/8" 330**'** 400 sx - circulate 121" 9-5/8" 2640' 775 sx – circulate 8-3/4" /2" 10710**'** 1080 sxV. TEST DATA AND REQUEST FOR ALLOWABLE 2-7/8" @ 8416 (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 Choke Size Tubing Pressure Casing Pressure Actual Prod. During Test Water - Bbis. Oil - Bbls. Gas- MCF **GAS WELL** Actual Prod. Test - MCF/D Bbls. Condensate/MMCF Length of Test Gravity of Condensate 24 hours Tubing Pressure (Shut-in) 340 N/A Choke Size Testing Method (pitot, back pr.) Casing Pressure (Shut-in) Back Pressure packer 1/4" VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above 9 1993 is true and complete to the best of my knowledge and belief. SEP Date Approved . ORIGINAL SIGNED BY

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

(505)

ignam. Rusty Klein

September 2, 1993

Printed Name

Date

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

MIKE WILLIAMS

SUPERVISOR, DISTRICT IF

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

Production Clerk

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.