BTATE OF NEW MEXICO	OIL CONSERVA	RECEIVED	Form C-104 Revised 10-1-78
DIST NIDUTION	P. O. BO SANTA FE, NEW	x 2088 MEXICO 875APR 29 1982	
PILE U.8.0.8,		O. C. D.	
LAND OFFICE DIL	REQUEST FOR	ALLOWABLE ARTESIA, OFFICE	
OPERATOR		PORT OIL AND NATURAL GAS	
Operator	1		
Yates Petr	oleum Corporation /		
	4th St., Artesia, NM 88210	Other (Please explain)	
Reason(s) for filing (Check proper b New Well	Change in Transporter of:		
Recompletion Change in Ownership	Oil Dry Ga Casinghead Gas Conden	FI.	
If change of ownership give name and address of previous owner			
L DESCRIPTION OF WELL AN	D LEASE Well No. Pool Name Inc Oding Fo	ormation Kind of Lease	Lease No.
Lease Name Lechuguilla Canyon U		J State, Fødera	l or Foo Federal NM-664
Location	and the second s	e and <u>21.30</u> Feet From 7	rhe Fast
Unit Letterii	<u>980</u> Feet From The <u>South</u> Lin		
Line of Section 3	T. mship 24S Range	<u>24Е , ммрм, Eddy</u>	County
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	S Address (Give address to which approv	ued convolthis form is to be sent)
Name of Authorized Transporter of Navajo Crude Oil Pu	Cil 🔲 or Condensate 🕎	Box 159. Artesia. NM 88	3210
Name of Authorized Transporter of	Casinghead Gas or Dry Gas X	Address (Give address to which approv	ved copy of this form is to be sent)
El Paso Natural Gas	Unit Sec. Twp. Rge.	Box 1384, Ja1, NM 88252 Is gas actually connected?	n approx 6-8 wks
If well produces oil or liquids, give location of tanks,	J 3 24s 24e	Yes	
	with that from any other lease or pool,	give commingling order number:	
Designate Type of Comple	cil Well Gas Well X	New Well Workover Deepen X	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Compa-	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1-26-82	4-16-82	10500' Top Oll/Gas Pay	10155' Tubing Depth
Elevations (DF, RKB, RT, CR, etc 4028.9' GR	Morrow	10105'	10047'
Perforations 10105-	_100'		Depth Casing Shoe 10500 [†]
10107-		CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
24"	13-3/8"	350'	400
12-1/4"	9-5/8"	2405'	<u>450</u> 600
7-7/8" 7. TEST DATA AND REQUEST	1	fter recovery of total volume of load oil	and must be equal to or exceed top allow
	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas li	
Date First New Oil Run To Tanks			Choke Size
Length of Tost	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil-Bble.	Water-Bbla.	Gas-MCF
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D 186	Length of Test 4 hrs	Bbis. Condenaute/MMCF	_
Testing Method (puot, back pr.)	Tubing Presewe (shut-in) 165	Casing Pressure (Shut-in) Packer	Choke Size 1/2"
Back Pressure		OIL CONSERVA	
		APPROVED	, 19
ment is the been complied V	nd regulations of the Oil Conservation with and that the information given the best of my knowledge and belief.	.BY	
•		TITLE	
$\langle \rangle$.	41		compliance with RULE 1104. wable for a newly drilled or deepens
Avantat	(bouluit	If this is a request for allow well, this form must be accompa- tests taken on the well in acco	
<u>Engineer</u>	ing Secretary	All sections of this form mi	ust be filled out completely for allow
(Tiile) 4-29-82		able on new and recompleted w	ells.
	(Date)	It wall name or number, or transpor	it is other such change of condition at be filed for each pool in multipl
•		Separate Forms C+104 mus i completed wolls.	

		PECE	
STATE OF NEW MEXICO		RECEIVED	Form C-104 Revised 10-1-78
RGY AND MINERALS DEPARTMENT	OIL CONSERVA	TION DIVISION	
DISTMINUTION	P. O. BO		2
5AHTA FE	SANTA FE, NEW	O. C. D.	j.
U.8.U.8.	REQUEST FOR	ARTESIA	
IRAMIPORTER OIL	REQUEST FOR	ALLOWADLE -	
OFERAT-OR	AUTHORIZATION TO TRANSP	PORT OIL AND NATURAL GAS	
PROMATION OFFICE			
	leum Corporation /		
Address 207 Courth /	th St., Artesia, NM 88210		
207 SOULI 4 Reason(s) for filing (Check proper bo		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion		RI -	
Change in Ownership	Casinghead Gas Conden		
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND	Well No. Pool Name, Ingluding Fo	ormation Kind of Leas	se Lease No.
Lease Name Lechuguilla Canyon Ur	Crooked cree	V State, Føder	al or Foo Federal NM-664
Localion			
Unit Letter;	180 Feet From The South Lin	• and Feet From	The East
		24E , NMPM, Edd	V County
Line of Section 3 T	mship 24S Range		
DESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL GA	S Address (Give address to which appr	and come of this form is to be sently
Name of Authorized Transporter of C	il 🔲 or Condensate 🕎	Address (Give dadress to which appr	
Navajo Crude Oil Pur	chasing Co.	Box 159, Artesia, NM 8 Address (Give address to which appr	oved copy of this form is to be sent)
El Paso Natural Gas		Box 1384, Jal, NM 8825	
If well produces oil or liquids,	Unit Sec. Twp. Rge.		hen approx 6-8 wks
give location of tanks.	J 3 24s 24e	Yes	
If this production is commingled w	vith that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	ion (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
Designate Type of Complet	<u>1</u>		P.B.T.D.
Date Spudded	Date Compl. Ready to Prod. 4–16–82	Total Depth 10500	10155'
1-26-82 Lievations (DF, RKB, RT, GR, etc.,		Top Oll/Gas Pay	Tubing Depth
4028.9' GR	Morrow	10105'	10047'
Perforations	1001		Depth Casing Shoe 10500
10105-		CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
24"	20"	<u>40'</u> 350'	400
17-1/2"	13-3/8"	2405'	450
12-1/4"	9-5/8" 4-1/2"	10500	600
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load of	il and must be equal to or exceed top allow
	able for this de	epth or be for full 24 hours) Producing Mothod (Flow, pump, gas	lift, etc.)
Date First New Oil Run To Tanks			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
		Water-Bbls.	Gas-MCF
Actual Prod. During Test	Oil-Bble.	Wdler - DDis.	
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensute/MMCF	Gravity of Condensate
186	4 hrs Tubing Presewe (shut-in)	Casing Pressure (Shut-in)	Chore Size
Back Pressure	165	Packer	1/2"
CERTIFICATE OF COMPLIA	NCE	DIL CONSERVA	ATION DIVISION
		APPROVED	. 19
hereby certify that the rules and regulations of the Oll Conservation Division have been complied with and that the information given		11	
above is true and complete to f	the best of my knowledge and belief.		
·		TITLE	
· ()	<i>4</i> ,	This form is to be filed in	n compliance with MULE 1104.
Avan.T. L	/ anitur	If this is a request for all	owable for a newly drilled or deepend panied by a tabulation of the deviation
(Signature)		I tests taken on the well in BCC	Cordinate with Note that
	ing Secretary	able on new and recompleted	must be filled out completely for allow wells.
4-29			II. III, and VI for changes of owner orter, or other such change of condition
	(Date)	wall name or number, or transp	ust be filed for each pool in multip
		separate roma coros a	

BTATE OF NEW MEXICO IGY AND MINERALS DEPARTMENT		RECEIN	/ED Form C-104 Revised 10-1-78
	OIL CONSERVA P. O. BO	V 1040	1982
FANTA FE	SANTA FE, NEW	MEXICO 87501 APR 29	•
LAND OFFICE	REQUEST FOR	O. C. [RALLOWABLE ARTESIA, OF	
INANSPONTER OIL OAS	AA		
PROPATION OFFICE	AUTHORIZATION TO TRANSP	ORT OIL AND NATORAL ONS	
Granolor Yates Petro	leum Corporation		
Address 207 South 4	th St., Artesia, NM 88210		
Reason(s) for filing (Check proper bo	x)	Other (Please explain)	
New Well X Accompletion	Change in Transporter of: Oil Dry Ga	• □	
Change in Ownership	Casinghead Gas Conden	sate	
f change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	LEASE		
Lechuguilla Canyon Un	Well No. Pool Name Indibation	ormation Kind of Lea V State, Fode	ral or Foo Federal NM-664
Unit Letter;;	180 Feel From The South Lin	• and <u>2130</u> Feet From	n The <u>East</u>
Line of Section 3 T	waship 245 Range	24E , NMPM, Edd	ly County
DESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL GA	S	and some of the form is to be sent
Name of Authorized Transporter of C	11 🔲 or Condensate 🕎	Address (Give address to which app. Box 159, Artesia, NM &	roved copy of this form is to be sent) 38210
Navajo Crude Oil Pur Name of Authorized Transporter of C	asinghead Gas or Dry Gas X	Address (Give address to which app	roved copy of this form is to be sent)
El Paso Natural Gas	Co.	Box 1384, Ja1, NM 882	52 ^{When} approx 6-8 wks
If well produces oil or liquids, give location of tanks.	J 3 24s 24e	Yes	
If this production is commingled v	with that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	ion (X) Oil Well Gas Well X	New Well Workover Deepen	Plug Back Same Hes'v. Diff. Hes'v.
Designate Type of Complet	Date Compl. Ready to Prod.	Total Dopth	P.B.T.D.
Date Spudded 1-26-82	4-16-82	10500'	10155'
Lievations (DF, RKB, RT, GR, etc.) 4028.9' GR	Name of Producing Formation Morrow	Top Otl/Gas Pay 10105'	Tubing Depth 10047 '
Perforations			Depth Casing Shoe
10105-		D CEMENTING RECORD	10500'
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
24"	20"	<u>40'</u> 350'	400
<u>17-1/2''</u> 12-1/4''	9-5/8"	2405'	450 600
7-778"	4-1/2"	10500'	il and must be equal to or exceed top allow
TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be a able for this de	fier recovery of total volume of total epth or be for full 24 hours) Producing Method (Flow, pump, gas	
Date First New Oil Run To Tanks	Date of Test	Producing Method (1 10w, pump, gus	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Water - Bbie.	Gas - MCF
GAS WELL			Gravity of Condensate
Actual Prod. Test-MCF/D 186	Length of Test 4 hrs	Bbls. Condensate/MMCF	_
Teeting Method (pitoi, back pr.)	Tubing Presewe (Shut-in) 165	Coming Pressure (shut-in) Packer	Choke Size 1/2"
Back Pressure CERTIFICATE OF COMPLIA			ATION DIVISION
		APPROVED	, 19
f 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 t	he best of my knowledge and belief.		
· ()	^		in compliance with RULE 1104.
Visit ?	Produt		lowable for a newly drilled or deepene
1/	spaswe)	well, this form must be accon	cordance with NULE 111.
	ing Secretary	All sections of this form	must be filled out completely for allow wells.
4-29			, II, III, and VI for changes of owne porter, or other such change of condition
. 1	(Date)	Separate Forma C-104 n	ust he filed for each pool in multipl
•		Il	

BTATE OF NEW MEXICO RGY AND MINERALS DEPARTMENT		RECE	Form C-104 Revised 10-1-78	
DIST A 10 VI 104	P. O. BO	X 208B	-	
0AMTA FE	SANTA FE, NEW	MEXICO 87501 APR 2	9 1982	
LAND OFFICE	REQUEST FOR	ALLOWABLE O. C.		
01L	• • •	ND ARTESIA, C PORT OIL AND NATURAL GAS	DFFICE	
PROMATION OFFICE				
Yates Petro	leum Corporation			
207 South 4	th St., Artesia, NM 88210	Other (Please explain)		
Reason(s) for filing (Check proper box New Well	Change in Transporter ol:			
Recompletion Change in Ownership	Oil Dry Ga Casinghead Gas Conden	E I		
If change of ownership give name				
and address of previous owner				
DESCRIPTION OF WELL AND Lease Name Lechuguilla Canyon Un	Well No. Poel Name, mer wing to	Kind of Lea J State, Føder	al or Foo Federal NM-664	
Location				
Unit Letter;9	80 Feet From The <u>South</u> Lin	• and <u>2130</u> Feet From		
Line of Section 3 T	mship 24S Range	24E , NMPM, Edd	y County	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address to which appr	oved copy of this form is to be sent)	
Navajo Crude Oil Pur	chasing Co.	Box 159, Artesia, NM 88210 Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas	Со.	Box 1384, Jal, NM 88252		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. J 3 24s 24e	Is gas actually connected? W Yes	^{hen} approx 6-8 wks	
if this production is commingled w	ith that from any other lease or pool,	give commingling order number:		
COMPLETION DATA Designate Type of Completi	on - (X) Oil Well Gas Well X	New Well Workover Deepen X	Plug Back Sume Restv. Diff. Restv.	
Designate Type of Comptend	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
1-26-82	4-16-82 Name of Producing Formation	10500' Tep Oll/Gas Pay	10155' Tubing Depth	
4028.9' GR	Morrow	10105'	10047 1 Depth Casing Shoe	
Perforations 10105–1			10500'	
HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT	
24"	20" 13-3/8"	<u>40'</u> 350'	400	
12-1/4"	9-5/8"	2405'	450	
TEST DATA AND REQUEST H		ifter recovery of total volume of load of	il and must be equal to or exceed top allou	
OIL WELL Date First New Dil Run To Tonks	Date of Test	epth or be for full 24 hours) Producing Method (Flow, pump, gas		
		Casing Pressure	Choke Size	
Length of Test	Tubing Pressure		Gas - MCF	
Actual Prod. During Test	OII-Bbis.	Water-Bble.		
GAS WELL Actual Prod. Test-MCF/D	Length of Test 4 hrs	Bbls. Condensate/MMCF	Gravity of Condensate	
186 Teating Method (pitol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chote Size 1/2"	
Back Pressure	165 SCF	Packer DIL CONSERVA	ATION DIVISION	
		APPROVED		
. hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above in true and complete to the best of my knowledge and belief.		.BY		
above is true and complete to th	te best of my knowledge and beiter.			
()	2_,	This form is to be filed in	n compliance with RULE 1104.	
Engineering Secretary (Title) 4-29-82		I and the factor must be accom-	owable for a newly drilled or deepene panied by a tabulation of the deviatio periance with Mill 7, 111.	
		tests taken on the well in accordance with AUCE THE		
		well name or number, or transporter, or other such changes of condition		
. (1	Datej	wall name or number, or tranep	orter, or other such change of condition ust be filed for each pool in multipl	
		il construct wells.		

Separate Fo