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

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

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

State of New Mexico $\mathbf{E}_{\mathbf{L}}$ Minerals and Natural Resources Departme

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

RECEIVE Durm C-104
Revised 1-1-89
See Instructions
at Bottom of Page JM -2'90 C

ARTEL , OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	TO	O TRAN	NSP	ORT OIL	AND NA	TURAL GA	IS				
)perator	,						Well A	Pl No.	····		
Yates Energy Corporation /							3	30-015-70162			
Address P. O. Box 2323, Rosw	ell, Nev	Mexic	co 8	38202							
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil Casinghead (iranspo Dry Ga Conde	25 🔲	Othe	r (Please expla	in)				
change of operator give name											
nd address of previous operator			,	7	7 -7	gritte dans Sam			***************************************	· · · · · · · · · · · · · · · · · · ·	
I. DESCRIPTION OF WELL A				<u> </u>		و پهمو					
Desert Rose Federal	deral Well No. Pool Name, Including 1 Und. East F					Hess Morrow State			Lease No. NM-37843		
Unit LetterI	:1740) <u>'</u> ı	Feet F	rom The	South Line	and660)	et From The	East	Line	
Section 27 Township 23-S Range 23-E						, NMPM, Eddy County					
II. DESIGNATION OF TRANS	SPORTER	OF OII	LAN	ID NATU	RAL GAS						
Name of Authorized Transporter of Oil n/a		r Condens				e address to wh	ich approved	copy of this form	n is 10 be sen	()	
Name of Authorized Transporter of Casing El Paso Natural Gas Co								copy of this form is to be sent) , TX 79978			
If well produces oil or liquids, jve location of tanks.	<u>ii</u>		Twp.	Rge.	-no y co -Ap			7 actual 12-27-89			
this production is commingled with that f V. COMPLETION DATA	rom any other	lease or p	ool, gi	ive comming!	ing order num	oct:					
Designate Type of Completion -	· (X)	Oil Well	_i_	Gas Well X	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded 9-3-89	Date Compl. Ready to Prod. 11-9-89				Total Depth 10,310'			P.B.T.D. 10,236' (RBP 9206')			
Elevations (DF, RKB, RT, GR, etc.) 4210 'GR	Name of Producing Formation Strawn				Top Oil Gas Pay 8,772'			Tubing Depth 8,748'			
Perforations 8772' - 8816'								Depth Casing Shoe			
	TUBING, CASING AND					CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
17 1/2"	13 3/8"			350'			425 sx. Premium Plus				
12 1/4"	8 5/8"			2,562'			1000 sx. HLW & 275 sx. Premium Plus				
7 7/8"	4 1/2"			10,310'			1200 sx. Class "H"				
/. TEST DATA AND REQUES	T FOR A	LOWA	BLE	•	<u> </u>			······································			
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test					be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.) Port ID-2						
ength of Test	Tubing Pressure			Casing Pressure			Choke Size comp & BK				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
GAS WELL					<u> </u>			1		·	
Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate			
1606	24 hrs.				Coving Process (Viville)			Choke Size			
ting Method (pitot, back pr.) flowing Tubing Pressure (Shul-in) 2380 psig - flowin					Casing Pressure (Shut in) g pkr.			Choke Size			
/I. OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE			ICEDY	ATIONIC		\ \ 1	
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.					OIL CONSERVATION DIVISION JAN 1 5 1990						
a use and comprise to the own of my I	mowiedisc with	\			Date	Approve	ed	UZII .	T 0 133		
() harant). Hamilton						<u></u> 05	UGINAL S	IGNED BY			
Signature Sharon R. Hamilton Landman Printed Name Title					MIKE WILLIAMS						
12-20-89		505,	/623	3-4935	Title); <u>LICVIOO</u>	.,		 	
Date		Telep	phone	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.