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

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

## State of New Mexico

## gy, Minerals and Natural Resources Departm

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe. New Mexico 87504-2088

See Instructions at Bottom of Page

Form C-104 Revised 1-1-89

ISTRICT III	Santa 10, 110W 1120.	•				
000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWABL	E AND AUTHORIZAT	ION			,
	TO TRANSPORT OIL	FOR VEOTURAL GAS		<u></u>		
Operator		. 0.0.4000		Well API No. 30-015-26633		
YATES PETROLEUM COF	RPORATION / MA'	y 2 0 1992	30-0	JIJ-200.		
Address						
105 South 4th St., A	Artesia, NM 88210	C. L. D.				
Reason(s) for Filing (Check proper box)		Other (Please explain)				
New Well	Change in Transporter of:					
Recompletion	Oil Dry Gas					
Change in Operator	Casinghead Gas Condensate					j
f change of operator give name			•			
nd address of previous operator	1 in	/				•
I. DESCRIPTION OF WELL A	AND LEASE AND MILES	mas	1		Lene	e No.
Lease Name	Weil No.   Pool Name, including	g Formation	Kind of I	lease deral or Fee	V-12	
Medano VA State	4 <del>Wildeat</del> De	laware	J			
Location					IJo a t	
· T	. 1980 Feet From The S	outh Line and 330 ·	Feet !	From The	West	Line
Unit Letter		17.3				Country
Section 16 Township	23S Range 31E	, NMPM, E.O.	ldy			County
III. DESIGNATION OF TRANS	SPORTER OF OIL AND NATUR	RAL GAS  Address (Give address to which a	annequed co	ony of this for	m is to be sent	<del>,                                    </del>
Name of Authorized Transporter of Oil	or Condensate	P. O. Box 1188 - H	i <i>pprove</i> aco Ioustor	1. TX 7	7151-118	38
Enron Oil Trading & Tr	Tansportation	the second subject to	named co	my of this for	m is to be sent	) [
Name of Authorized Transporter of Casingle	head Gas 💢 or Dry Gas 🦳	105 South Fourth	St	Artesia	, NM 8	8210
Yates Petroleum Corpor	ration	Is gas actually connected?	When?			
If well produces oil or liquids,	0	yes		5-1-93		
give location of tanks.						
If this production is commingled with that fi	rom any other lease or pool, give commingli	ng Older mutioer.				•
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover I	Deepen	Plug Back S	Same Res'v	Diff Res'v
Designate Type of Completion -	O	X				L
	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	•	
Date Spudded RH 4-11-93	5-18-93	8150'		8095	<u> </u>	
Rotary 4-12-93	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Delaware	7754'		7546		
3348 GR Perforations	Dollaral	<u> </u>		Depth Casing		
				8150	1	
7754-7937'	TUBING, CASING AND	CEMENTING RECORD				
101 5 000	CASING & TUBING SIZE	DEPTH SET			ACKS CEME	
HOLE SIZE	20"	40'		cement	to surf	ace
17-1/2"	13-3/8"	505'			acks - c	
	8-5/8"	3995'		1775 s	acks - c	irc.
11"	5-1/2"	8150'		985 s	acks	
7-7/8" V. TEST DATA AND REQUES	TOP ATTOMADIE 0 7/0	11 +1 - 0 75/61				
V. TEST DATA AND REQUES	ecovery of total volume of load oil and must	be equal to or exceed top allowa	ble for this	depth or be fo	or full 24 hours	s.)
OIL WELL (Test must be after r. Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump	, gas lift, etc	c.)	0	tro A
l .	5-18-93	Pumping		G 1. C:-	[61	+10-2
4-30-93 Length of Test	Tubing Pressure	Casing Pressure	ļ	Choke Size	6-	11-92,
1 -	80#	80#		d 1/25	2" com	p × D!
24 hours Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	İ	Gas- MCF	/	
462	194	268		1	<u>.94</u>	
	<u> </u>	<del></del>			*	
GAS WELL	I enoth of Test	Bbls. Condensate/MMCF		Gravity of C	Condensate	· .

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

(505)

Tubing Pressure (Shut-in)

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.

Testing Method (pitot, back pr.)

Signature Rusty Klein

20,

1993

Printed Name

Mav

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.

Casing Pressure (Shut-in)

Title

Date Approved

Choke Size

MAY 2 8 1993

OIL CONSERVATION DIVISION

ORIGINAL SIGNED BY MIKE, WILLIAMS

SUPERVISOR, DISTRICT IT

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.