Submit 5 Copies
Appropriate District Office
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

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

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 P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR	ALLOWAE	ILE AND AUTHORIZ AND NATURAL GAS	>	ا الاستان المراجع المراج			
					Well API No.			
YATES PETROLEU	ATES PETROLEUM CORPORATION				30-015-26724			
	STREET, ARTESIA	A, NM 882	210 Other (Please explain	n).				
Reason(s) for Filing (Check proper box)	Change in Tra	insporter of:	122		0.0			
New Well Recompletion	Oil X Dr		EFFECTIVE JUN	E 1, 19	92.			
Change in Operator		ondensate						
If change of operator give name								
and address of previous operator								
II. DESCRIPTION OF WELL	AND LEASE	ool Name, Includi	ng Formation	Kind c	f Lease	Le	ase No.	
Lease Name	Weir No. 17	i minat	ng Formation on Ridge Delaw	Siale,	Federal or Fee /	NM 6	5417	
Martha AIK Fed.								
Location Unit Letter	_ :1980 Fe	et From The	South Line and 1650.	Fe	et From The	East	Li	
To the state of th	p 22S R	ange 31E_	, NMPM,	Edd	ly		County	
Section 11 Townshi	P				· ·			
TE PER OPERATION OF TRAN	SPORTER OF OIL	AND NATU	RAL GAS	ich annung	come of this for	m is to he se	nt)	
Effective die de gansporter of Oil	્રાં ા િ⊘ો∤વો લ્ફ	ene rgy cor	Propress (Cive and ess to win	cn approved	TY 771	51-1188	-,	
Enron Oil Trading & T	ransportation	tive 1-1-9:	Address (Give address to whi	Ouscons		<u>-</u>		
Name of Authorized Transporter of Casin	ghead Gas X or	Dry Gas	105 South 4th St	. Arte	sia, NM	88210_		
Yates Petroleum Corpo	100	wp. Rge.	Is gas actually connected?	When	?			
If well produces oil or liquids, give location of tanks.	1 0 1110	225 31E_	Yes		10-6-91			
If this production is commingled with that	from any other lease or poo	ol, give comming				 		
IV. COMPLETION DATA							Diff Res	
	Oil Well	Gas Well	New Well Workover	Deepen	Plug Back S	Same Res'v	pin kes	
Designate Type of Completion	- (X)		Total Depth		P.B.T.D.			
Date Spudded	Date Compl. Ready to Pr	rod.	Total Deput		F.B.1.D.			
Flumings (DE RKR RT GR etc.) Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation								
Perforations			<u>- </u>		Depth Casing	2µoe		
			CENTEDIC DECOR		<u> </u>			
	TUBING, CASING AND		DEPTH SET		SACKS CEMENT			
HOLE SIZE	CASING & TUB	ING SIZE	DEFINSE					
							Same of the same of	
						** ***		
							X WEH	
V. TEST DATA AND REQUE	ST FOR ALLOWAL	BLE		أرام سواري	a dansk on ha fo			
OIL WELL (Test must be after	recovery of total volume of	load oil and mus	the equal to or exceed top allo	ma eas lift	erc)	7 7 111 24 1102		
Date First New Oil Run To Tank	Date of Test		Producing Method (Plow, pump, 822 141, 5		1 2 0 332			
Length of Test	Tubing Pressure		Casing Pressure	A :	Choke Size			
A stud Prod During Test	Oil - Bbls.		Water - Bbis.	-	Gas- MCR			
Actual Prod. During Test			-					
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC	CATE OF COMPL	IANCE	OIL CON	ISFRV	ATION F	DIVISIO	N	
I hereby certify that the rules and regu	lations of the Oil Conserva	tion			, , , , , , , , , ,	_ , , , , , , ,	• •	
Division have been complied with and is true and complete to the best of my	that the information given	above	Dela Assessed	, M	AY 2 8 19	992		
is true and complete to the best of my	j		Date Approved	u	.,, ~ 0 1			
1 to form	Aloff by 1	NB			וכם פע	•		
- Maria Contract			By ORIGINAL SIGNED BY MIKE WILLIAMS					
JUANITA GOODLETT	- PRODUCTION S	SUPVR.		MILLIAM)	S District I	,		
Printed Name 5-20-92	(505) 748-14		Title SUPER	MAISON, L	21011101 1	<u></u>		
5-20-92 Date		ione 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.