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

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

### State of New Mexico Energy, Minerals and Natural Resources Departnent

# Form C-104 Revised 1-1-89 See Instructions RECEIVED\*\* RECEIVED\*\*

#### OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

NOV 1 3 1992

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			NO	•	
1000 Kio Blazza Ku., Aziec, 14141 d 1410	REQUEST FOR ALLOWA		ON O.C.	-tell	
l. <u>'</u>	TO TRANSPORT OIL	AND NATURAL GAS	Well API No.		
Operator			30-015-27019		
YATES PETROLEUM CO	DRPORATION V				
Address 105 South 4th St.,	Artesia, NM 88210		· .		
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				
f change of operator give name and address of previous operator					
II. DESCRIPTION OF WELL	AND LEASE W. Sand	Dunes Delawa	ro		
Lease Name Pauline ALB State	Well No. Pool Name, Includ	ing Formation Delaware	Kind of Lease State, Fjederal of Free	Lease No. V-3589	
Location				••	
Unit Letter K	_ : Feet From The	South Line and 1980	Feet From The	West Line	
Section 32 Townsh	p 23S Range 31E	, NMPM, Eddy		County	
	ion operation of our AND MARKET	IDAT CAC			
	SPORTER OF OIL AND NATU	Address (Give address to which a	poroved copy of this form	is to be sent)	
Name of Authorized Transporter of Oil Enron OII Trading &	1441	PO Box 1188, Houst	on, TX 77151	-1188	
Name of Authorized Transporter of Casin Yates Petroleum Corp	ghead Gas XX or Dry Gas oration	Address (Give address to which a) 105 South 4th St.,			
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Yes	When ? 11-3-92		
give location of tanks.	J 32 23 31	<u></u>	11-3-72	<del></del>	
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give comming				
Designate Type of Completion	Oil Well Gas Well - (X) X	X	eepen   Plug Back   Sa	me Res'v Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
10-8-92	11-10-92	8110'	/9501	7950'	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Top Oil/Gas Pay		Tubing Depth		
3367' GR	Delaware 7741'		7692'		
Perforations			Depth Casing S	hoe	
7741-7864			8110'		
	TUBING, CASING AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		CKS CEMENT	
26"	20"	40'	Redi-Mi		
17½"	13-3/8"	500'		<ul> <li>circulated</li> </ul>	
11"	8-5/8"	3986'		<ul> <li>circulated</li> </ul>	
7-7/8"	5-1/2"	8110'	1400 sx	<ul> <li>circulated</li> </ul>	
V. TEST DATA AND REQUE	ST FOR ALLOWABLE /2-7/	<u>8" @ 7692' /                                     </u>			
	recovery of total volume of load oil and mus	t be equal to or exceed top allowable	e for this depth or be for	full 24 hours.)	
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, g	as lift, etc.)	Port ID-2	
11-3-92	11-10-92	Flowing	Choke Size	1-15-93	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	11 comp + BIT	
24 hrs	280	PKR	Gas- MCF	'+	
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	I	0.00	
249	200	49	218		
GAS WELL			•		
Astrol Based Test MCE/D	Langth of Test	Bhls Condensate/MMCF	Gravity of Con-	densate	

#### 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

Juanita Goodlett - Production Supvr.

Juanita Goodlett - Production Supvr.

Printed Name
11-11-92 (505) 748-1471

Date Telephone No.

#### OIL CONSERVATION DIVISION

Choke Size

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

Tubing Pressure (Shut-in)

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)

- 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.