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

State of New Mexico Energy, Minerals and Natural Resources Department

at Bottom of Pas

OIL CONSERVATION DIVISION

1 EU & 2 1992

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

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

I.	HEQUE				AUTHORIZ TURAL GA			4.024	!	
Operator		77171101		Well API No.						
YATES PETROLEUM CORPORATION					30-015-27020					
Address 105 South 4th St		NM 882	10							
Reason(s) for Filing (Check proper be				Oth	er (Please expla	iin)			:	
New Well Recompletion	Oil Ch	nange in Transp							İ	
Change in Operator	Casinghead G								İ	
f change of operator give name and address of previous operator										
-	II AND I FACI	E 11	C	<u> </u>						
II. DESCRIPTION OF WE Lease Name	LL AND LEASI	Well No. Pool Name, Include			ing Formation Kin			L	ease No.	
Pauline ALB State	1	i i	-	elaware		State,	Federal or Fe	V-35	89	
Location								WEST	ļ	
Unit Letter N	<u> : 660</u>	Feet F	rom The _S	outh Lin	e and198	<u> </u>	et From The	Bast	L	
	vnship 23S	Range			мрм,	E	ddy		County	
TT Energy Operating LP III. PRESIGNATION OF TR Name of Authorized Transporter of C	ANSPORTER	OF OIL AN	ID NATTI	RAL GAS						
Name of Authorized Transporter of C	Oil [XX] or	Condensate		Address (Giv	e address to wh				ent)	
Enron Oil Trading & Transportation				PO Box 1183, Houston, TX 77251-1183						
arme of Authorized Transporter of Casinghead Gas or Dry Gas Phillips "66" Natural Gas				1		copy of this form is to be sent) , TX 79762				
If well produces oil or liquids, give location of tanks.					Is gas actually connected? When YES 12-			? 8-92		
f this production is commingled with				<u> </u>	ber:					
V. COMPLETION DATA										
Designate Time of Complet		•	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res	
Designate Type of Complet Date Spudded		- (X) X Date Compl. Ready to Prod.			<u> </u>	l	P.B.T.D.	<u> </u>		
11-15-92		12-18-92			Total Depth 8150 '			8090'		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
3386' GR Delaware				7086'			7000 Toppth Casing Shoe			
Perforations 7086-7911'							8150'	g Snoe		
7000-7711	זודר	RING CASI	NG AND	CEMENTI	NG RECOR	D	0.1.50			
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
26"		20"			40'			Redi-Mix		
17 % "	1	13-3/8"			504'			475 sx - circulated		
11"		8-5/8"			4038'			1700 sx - circulate		
7-7/8"	5.	5-1/2"			8150'		1015	sx		
. TEST DATA AND REQU	UEST FOR ALI fter recovery of total s	LOWABLE	/2-7/	8" @ 700	<u>)0'</u> /	ahla fan thi	a danth on ha i	for full 24 hou	1	
OIL WELL (Test must be at Date First New Oil Run To Tank	Date of Test	volume of toda	ou ana musi	Producing Me	ethod (Flow, pu	mp, gas lift, e	tc.)	Pres	10-	
12-8-92	12-18-	92		Pumpin	• •			1-8	-13	
ength of Test	Tubing Pressur	Tubing Pressure			Casing Pressure			Choke Size comp & BK		
24 hrs	160	160			95			2"		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF		
459	343			116			427			
GAS WELL								•		
Actual Prod. Test - MCF/D	Length of Test	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Pressur	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIF I hereby certify that the rules and i	OIL CONSERVATION DIVISION									
Division have been complied with is true and complete to the best of	and that the informat	ion given above	e	Date	Approve	d	DEC 3 0	1992		
Cal distant	Dandles	7							;	
Signature	}			∥ By_			GNED BY			
Juanita Goodlett - Production Supvr.				MIKE WILLIAMS Title SUPERVISOR, DISTRICT IT						
Printed Name 12-21-92	(505)	Title) 748–14	71	Title	SUF	CKVISU	i, DISTRIC	J1 31		
12-21-32	(303)	Telephone N		11				• •		

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.