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

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

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

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

MN 19 1993

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Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	T	OTRANS	SPOR	RT OIL	AND NA	TURAL GA	S				
Operator							Well API No.				
YATES PETROLEUM CORPORATION							30-0	15-27155			
Address 105 South 4th St., Artesia, NM 88210											
Reason(s) for Filing (Check proper box)  Other (Please explain)											
New Well XX	(	Change in Tra	-	r of:							
Recompletion Oil Dry Gas											
Change in Operator Casinghead Gas Condensate											
f change of operator give name  nd address of previous operator											
I. DESCRIPTION OF WELL AND LEASE // Sand Qunes Oclawore											
Lease Name						ng Formation Kind o			f Lease No.		
Pauline ALB State		7	Wile	<del>leat</del> D	<del>elaware</del>		State,	Federal of Fed	<b>∀</b> V-358	9	
Location  Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line											
Section 32 Township 23S Range 31E , NMPM, Eddy County											
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil Figure Of Control of Oil Address (Give address to which approved copy of this form is to be sent)											
EOTT Energy Corporation	PO Box 1188, Houston, TX 77251-1188										
Name of Authorized Transporter of Casinghead Gas  Name of Authorized Transporter of Casinghead Gas						Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762					
Phillips "66" Natural Gas					<del></del>				/62		
well produces oil or liquids, Unit Sec. Twp. Rg			<b>Rge.</b> 31	Is gas actually connected? When			? 1-5-93				
				<del> </del>		ber:		<u> </u>			
f this production is commingled with that from any other lease or pool, give commingling order number:  V. COMPLETION DATA											
Designate Type of Completion -	· (X)	Oil Well X	Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.					<u>.                                    </u>	L	P.B.T.D.			
12-14-92	1-14-93				Total Depth 8080 '			[	8018'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			<del></del>	Tubing Depth		
3383' GR	Delaware				7793'			7 <b>%</b> 15 <b>'</b>			
Perforations								1 -	Depth Casing Shoe		
7793-7967' 8080'											
	TUBING, CASING AND				CEMENTI		ט	<del>                                     </del>	010//0 07//7		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
26" 17½"	13	20" 13-3/8"			40' 506'			Redi-Mix 225 sx circulated			
11"		·5/8"			3988'			1775 sx circulated			
7-7/8"	5-1/2"				8080'			950 sx			
. TEST DATA AND REQUES	T FOR A	LLOWAB			/8" @ 7C	15'/					
OIL WELL (Test must be after re					be equal to or	exceed top allo			for full 24 hour	rs.)	
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)					
1-5-93	1-14-93					ımping		$\frac{3-12-93}{\text{Choke Size}}$			
Length of Test	Tubing Pressure				Casing Pressure			1/4" comp 4/2 K			
24 hrs Actual Prod. During Test	600				500 Water - Bbls.			Gas- MCF			
Actual Prod. During Test 342	Oil - Bbls. 192				150				487		
GAS WELL	1	·			I						
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Conder	sate/MMCF	<u></u>	Gravity of C	Condensate		
Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION					
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.					IAN 9 9 1993						
is que and compace to the best of my knowledge and benefit.						Date Approved JAN 2 9 1930					
A Garden Duralling					_						
Signature					By ORIGINAL SIGNED BY						
Juanita Goodlett - Production Supvr.					MIKE WILLIAMS Title SUPERVISOR, DISTRICT IF						
Printed Name Title 1-15-93 (505) 748-1471						20	PERVISO	ה, טוסואו	O I II		
Date	(30		one No.								
					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.