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

State of New Mexico Linergy, Minerals and Natural Resources Departness

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

New Mexico 87504-2088

۵. L. D.

| tutivED    | Form C-104 Revised 1-1-89 See Instructions | V/T |  |  |
|------------|--|-----|--|--|
| y 2 7 1992 | See Instructions<br>at Bottom of Page      | 0   |  |  |

| DISTRICT III<br>1000 Rio Brazos Rd., Aztec, NM 87410   |  |  |  |                         |                | Just Ains                                    | <del>,</del>                         |             |  |
|--|--|--|--|-------------------------|----------------|--|--------------------------------------|-------------|--|
|  | REQUEST FO   |  |  |                         |                |  |                                      |             |  |
| I. TO TRANSPORT OIL AND NATURAL GAS  Operator  |  |  |  |                         |                | Well API No.                                 |                                      |             |  |
| YATES PETROLEUM CORPORATION  |  |  |  |                         |                | 30-015-27325                                 |                                      |             |  |
| Address  |  |  | ······································ |                         |                | <u> </u>                                     |                                      |             |  |
| 105 South 4th St.,   | Artesia, NM  | 88210                                      | - 01                                   | (D)                     | • • •          |  |                                      | <del></del> |  |
| Reason(s) for Filing (Check proper box)  | Chana in   | T  | Othe                                   | r (Please expla         | in)            |  |                                      |             |  |
| New Well X   | Oil Change in  | Transporter of:  Dry Gas                   |  |                         |                |  |                                      |             |  |
| Change in Operator   | Casinghead Gas   | Condensate                                 |  |                         |                |  |                                      |             |  |
| If change of operator give name  |  |  |  |                         |                |  |                                      |             |  |
| and address of previous operator   |  |  |  |                         |                |  |                                      | <del></del> |  |
| II. DESCRIPTION OF WELL  |  |  |  |                         |                | Kind of Lease No.                            |                                      |             |  |
| Medano VA State  | Well No.   | i e e e e e e e e e e e e e e e e e e e    |  |                         |                | Federal or Fee VB-120                        |                                      |             |  |
| Location   |  | LOS Medane                                 | S DELAWA                               | 116                     |                |  | 1 475-1                              | .40         |  |
| Unit LetterD   | : 500  | Feet From The                              | North Line                             | and330                  | ).<br>Fe       | et From The                                  | West                                 | Line        |  |
|  | 226  | Range 31E                                  | <b>N</b> TI                            |                         | Eddy           |  |                                      | Country     |  |
| Section 16 Township  | ) 235  | Range 31E                                  | , NN                                   | ирм,                    | Ваау           | ·  |                                      | County      |  |
| III. DESIGNATION OF TRAN   | SPORTER OF O   | IL AND NATU                                | RAL GAS                                |                         |                |  | .,                                   |             |  |
| Name of Authorized Transporter of Oil  | or Conden  | 1 1  | }                                      |                         |                | copy of this form                            |                                      |             |  |
| Enron Oil Trading & Tr   |  |  | P. O.                                  | Box 1188                | 3 - Hous       | ton, TX                                      | 77251-                               | -1188       |  |
| Name of Authorized Transporter of Casing<br>Yates Petroleum Corpor   |  | or Dry Gas                                 | 105 Sc                                 | outh Four               | th St.         | copy of this form<br>— Artesia               | , NM                                 | 88210       |  |
| If well produces oil or liquids,   | Unit Sec.  | Twp. Rge.                                  | ls gas actually                        |                         | When           | ?  |                                      |             |  |
| give location of tanks.  | K 16   | 23S   31E                                  | yes                                    |                         |                | 5-25-93                                      |                                      |             |  |
| If this production is commingled with that IV. COMPLETION DATA   | from any other lease or  | pool, give commingl                        | ling order numb                        | er:                     | <del></del>    |  |                                      | ·           |  |
| IV. COMPLETION DATA  | Oil Well   | Gas Well                                   | New Well                               | Workover                | Deepen         | Plug Back Sa                                 | me Res'v                             | Diff Res'v  |  |
| Designate Type of Completion   | - (X) X  | i  | Х                                      |                         | i              | <u> </u>                                     |                                      | <u>i</u>    |  |
| Date Spudded RH 4-26-93  | Date Compl. Ready to   | Prod.                                      | Total Depth                            | 1071                    |                | P.B.T.D.                                     |                                      |             |  |
| RT 4-27-93   | 5-25-93  |  | 8087 Top Oil/Gas Pay                   |                         |                | 8026   |                                      |             |  |
| 3342 GR  | Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Delaware  |  | 1 -                                    | 7757'                   |                |  | Tubing Depth 7495                    |             |  |
| Perforations Delaware  |  |  |  |                         |                | Depth Casing Shoe                            |                                      |             |  |
| 7757-7945'   |  |  |  |                         |                | 8087   | · 1                                  |             |  |
|  | TUBING,  | CASING AND                                 |  |                         | D              | <del> </del>                                 |                                      |             |  |
| HOLE SIZE  | CASING & TU  |  |  | DEPTH SET               |                | SACKS CEMENT                                 |                                      |             |  |
| 26"  | 20" conduct  | tor  |  | 40'                     |                |  | cement to surface 475 sx - circulate |             |  |
| 17-1/2"  | 13-3/8"  |  | 505'<br>3995'                          |                         |                | 1450 sx - circulate                          |                                      |             |  |
| 12-1/4"<br>8-3/4"  | 9-5/8"<br>5-1/2"   |  | 8087'                                  |                         |                | 1205 sx                                      |                                      |             |  |
| V. TEST DATA AND REQUES  |  | ABLE 2-7/8                                 |  | 7495 <b>'</b>           |                | <u>,,                                   </u> |                                      |             |  |
|  | ecovery of total volume  |  | be equal to or                         |                         |                |  | Full 24 hou                          | rs.)        |  |
| Date First New Oil Run To Tank Date of Test  |  | Producing Method (Flow, pump, gas lift, e. |  |                         | ec.) Past ID-1 |  |                                      |             |  |
| 5-15-93  |  | 24 hours                                   |  | Pumping Casing Pressure |                |  | Choke Size                           |             |  |
| Length of Test   | Tubing Pressure 120  |  | 120                                    |                         |                | 2"   |                                      |             |  |
| 24 hours Actual Prod. During Test  | Oil - Bbls.  |  | Water - Bbls.                          |                         |                | Gas- MCF                                     |                                      |             |  |
| 515  | 312  |  | 203                                    |                         |                | 369  |                                      |             |  |
| GAS WELL   |  |  |  |                         |                | •  | •                                    |             |  |
| Actual Prod. Test - MCF/D  | Length of Test   |  | Bbls. Coaden                           | sate/MMCF               |                | Gravity of Con                               | densate                              | <del></del> |  |
|  |  |  | 0                                      | (Ch.u. !=)              | ····           | Challe Cine                                  |                                      |             |  |
| Testing Method (pitot, back pr.)   | Tubing Pressure (Shu   | I-in)                                      | Casing Pressa                          | ire (Shui-in)           |                | Choke Size                                   |                                      |             |  |
| VI. OPERATOR CERTIFIC  | 'ATE OF COM  | PLIANCE                                    | 1                                      | <del></del>             |                |  |                                      |             |  |
|  | and the second s |  |  | OIL COM                 | ISERV.         | ATION D                                      | IVISIO                               | NC          |  |
| I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above |  |  | MAY 2 8 1993                           |                         |                |  |                                      |             |  |
| is true and complete to the best of my   | knowledge and belief.  |  | Date                                   | Date Approved           |                |  |                                      |             |  |
| Kud Kli  |  |  |  | • •                     |                |  |                                      |             |  |
| Signature Juliu  |  | <del></del>                                | By ORIGINAL SIGNED BY                  |                         |                |  |                                      |             |  |
| Rusty Klein - Production Clerk   |  |  | MIKE, WILLIAMS SUPERVISOR, DISTRICT IF |                         |                |  |                                      |             |  |
| Printed Name   | (505) 74   | Title<br>18-1471                           | Title                                  |                         |                | K. U.SIKIU                                   | - н                                  |             |  |

mention of the second second of the second s 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.

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.