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

Energy, Minerals and Natural Resources Depar

OIL CONSERVATION DIVISION

P.O. Box 2088

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

with Rule 111.

DISTRICT II P.O. Drawer DD, Antesia, NM 88210 Santa Fe, New Mexico 87504-2088

3 1992 MUA

1000 Rio Brazos Rd., Aztec, NM 8741  I.	REQU	JEST FO	OR ALI	LOWAI	BLE AND L AND NA	AUTHOR	IZATION	O. C. D.	<b>6</b> 4	979	
Operator YATES PETROLEUM	Weil API No. 30-015-20939										
Address 105 South 4th St.			8821	0						<del></del>	
Reason(s) for Filing (Check proper box	:)				Oth	er (Please exp	olain CASIN	GHEAD (	GAS MU	ST NOT	
New Well KX RE-EN		Change in	-	$\overline{}$				O AFTER			
Recompletion $\Box$	Oil Casinghea	46 -	Dry Gas Condens	_						•	
f change of operator give name	Canada		COLIGERS	<u> </u>				S AN EX			
nd address of previous operator						· ·	THE B.	L. M. IS	OBIAINI	<u>בט</u>	
II. DESCRIPTION OF WEL	L AND LEA		حک ک	not	Dunes						
			Well No. Pool Name, Includi						ind of Lease No. 4te, Federal of Fee NM 82904		
						Delaware ;			s, rederal of Fee NM 82904		
Location  Unit Letter $F$	:19	980	Feet From	m The N	orth_Lin	e and19	980 Fe	et From The	West	Line	
Section 6 Towns	ship 249	3	Range	31E	, N	мрм,		Eddy		County	
II. DESIGNATION OF TRA	NSPORTE	R OF OI	I. AND	NATTI	RAL GAS			. 1	~		
Name of Authorized Transporter of Oil		or Condens			Address (Giv		hich approved				
Enron Oil Trading &	Transpor	rtation	ı Co.				Houston,				
Name of Authorized Transporter of Cas	singhead Gas			·Corp.	Address (Giv	e address to w	hich approved	ا تخاندا	ormes to be s	ent)	
	1.0.5	Effect		1-93	• •		1 77 8	<u> </u>	ल		
If well produces oil or liquids, give location of tanks.	Unit F	S∞, 7	1₩p. ↑ [ 24 [	μ. <b>3</b> ξε.	Is gas actuali	y connected?		FOX.zl			
f this production is commingled with th	at from any oth		لــــــــــــــــــــــــــــــــــــــ			ber:		<u> </u>			
V. COMPLETION DATA			,,,	J	<b>U</b>			35	#	<del></del>	
Designate Type of Completio	n - (X)	Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back	Sarfie Res'v	Diff Res'v	
Date Spudded RE-ENTRY	Date Comp	l. Ready to	Prod.		Total Depth COTD 87			P.B.T.D.			
9-9-92		10-25-92						847			
Elevations (DF, RKB, RT, GR, etc.) 3440 GR	Name of Producing Formation Delaware				Top Oil/Gas Pay 7526 '			Tubing Depth			
Perforations	7520			Depth Casing	Shoe						
7526-79231				12570'							
	TUBING, CASING AND				CEMENTI	NG RECOR	SD .	<u>'                                    </u>			
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
26"		20"			500 (in place)			725 sx - circulated			
17"	1	-3/8"			4045' (in place)			3620 sx - circulated			
12¼"	-5/8"			2000-12570' (in place)			3550 s	3X	<del></del>		
. TEST DATA AND REQUI		-7/8" LLOWA	BLE		8023'						
IL WELL (Test must be after				and must	be equal to or	exceed top all	owable for this	depth or be fo	or full 24 hou	rs.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
9-23-92	10-	25-92				mping					
ength of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size			
24 hrs	40				Water - Bbls.			211 Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			117			39				
210	93_				<u> </u>	L. I. /	······································				
GAS WELL Actual Prod. Test - MCF/D	Length of T	`aci			Bbis. Condens	eate/MMCF	· · · · · · · · · · · · · · · · · · ·	Gravity of Co	ondensate		
Delign of I		i eat			Bois, Condensate/Wilvici			Clavity of College			
esting Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFIC		COMP	TANIC	TE	<u>                                     </u>			<u> </u>			
I hereby certify that the rules and reg				ناد		DIL CON	<b>ISERV</b>	TION [	DIVISIO	NC	
Division have been complied with and that the information given above								NOV 1 7 1992			
his true and complete to the best of my	knowledge an	d belief.			Date	Approve	d	MUN T	1 1994	<del></del>	
J 8.		<del></del>									
Signature Cood late	odlit			<del></del>	By_	ORIC	INAL SIG	NED BY			
Juanita Goodiett Troduction Supvi.					MIKE WILLIAMS SUPERVISOR, DISTRICT 19						
Printed Name	/50		Title		Title.	SUPI	ERVISOR,	UISTRICT	17		
10-28-92 Date	(50		-1471 hone No.								
		. J.op			<u> </u>				استحبا		
INSTRUCTIONS: This fo 1) Request for allowable fo	rm is to be f r newly drill	filed in co led or dee	mpliano pened v	e with I	Rule 1104 t be accomp	anied by tal	bulation of o	leviation te	sts taken ir	1 accordance	

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, transported other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

DATE 12.