Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico energy, Minerals and Natural Resources Depar

See Instructions at Buttom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

46534

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

Rio Brazos Rd., Azzec, NM 87410	REQUEST FOR AI	OHI OILA	ND NATO	TIAL GAO	Well API	No.		
YATES PETROLEUM CORPORATION				30-015-26105				
met		10						
105 South 4th St., Ar	rtesia, NM 602		Other (Please explain)			
son(s) for Filing (Check proper box) Well	Change in Transp		77.C-	ctive Da	to: 2-1	-9 2		
enmalation	Oil 🗓 Dry C		Erre	ctive Da	ite. Z I	72	_	
ange in Operator C	Casinghead Gas Cond	ensate						
address of previous operator			- 					
DESCRIPTION OF WELL AT	ND LEASE				Kind of	Lassa	Lea	e No.
ase Name	Well No. Pool	Name, Including laware Ri des. Dela	Formation ver-Bone	Springs	State Fe	deral or Fee	V-1085	
East Apple State Unit	1 Un	des. Dela	ware Poc	1			_1	
ocation		From The No	arth	1981) Feel	From The	East	Lin
Unit Letter G	:1980Feet	From The	of cit Line	Ind				
Section 5 Township	26S Ran	ge 28 <u>E</u>	, NM	PM,	Eddy			County
30000								
Energy Operating LOF TRANS	PORTER OF OIL A	AND NATUE	RAL GAS Address (Give	address to wh	ich approved	copy of this fo	rm is to be ser	4)
The of Amhonized Fransporter of Oil X FOTT, FIGURE COTD.				x 1188.	Houston	, TX 7	71 <u>51-118</u>	<u>8</u>
nron Oil Trading & Tra	nsportation S	h-/gΩ3	Address (Give	address to wh	ich approved	copy of this fo	rm is to be set	n)
lame of Authorized Transporter of Casing	lien on Lifterners 2.		P.O. Bo	x <u>1492</u> ,	El Paso	, TX 79	978	
El Paso Natural Gas Co [well produces oil or liquids,	Unit Sec. Tw		Is gas actually	connected?	When	? 6-7 <u>-90</u>		
are launtion of tanks	G 5 2	6S 28E	Yes			0-7-90		
this production is commingled with that f	rom any other lease or pool	i, give commingi	ing order nume	жr:				
V. COMPLETION DATA	A Oil Well	Gas Well		Workover	Deepen	Plug Back	Same Res'v	Diff Res
Designate Type of Completion		i Cas III		i	1	l	l	J
	- (* -)	1			ــــــــــــــــــــــــــــــــــــــ	1		
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Date Spudded	Date Compl. Ready to Pro Name of Producing Form		Total Depth Top Oil/Gas	Pay	-	P.B.T.D. Tubing Dep	oth	
	Date Compl. Ready to Pro			Pay	-			
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- 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.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells. with Rule 111.
- 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.