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DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

helever

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## OIL CONSERVATION DIVISION SEP - 9 1991

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

O. C. D.
ARTESIA OFFICE

DISTRICT III

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

| OUU RIO B <b>razos Rd., Aztec,</b> NM 874                         | REQ               |                                |             |           |                                              |                                                                          | AUTHORI<br>LUBAL GA                   |                 |                                      |                       |             |  |
|-------------------------------------------------------------------|-------------------|--------------------------------|-------------|-----------|----------------------------------------------|--------------------------------------------------------------------------|---------------------------------------|-----------------|--------------------------------------|-----------------------|-------------|--|
| I. TO TRANSPORT OIL AN                                            |                   |                                |             |           |                                              |                                                                          | Well API No.<br>30-015-26630          |                 |                                      |                       |             |  |
| YATES PETROLEUM Address                                           | CORPORAT          | Y NOI                          |             |           |                                              | , <u>, ,</u>                                                             |                                       | 3               | 0-015-266                            | 30                    |             |  |
| 105 South 4th St                                                  |                   | a, NM                          | 882         | 10        |                                              |                                                                          |                                       |                 |                                      | <del></del> -         |             |  |
| Reason(s) for Filing (Check proper b<br>New Well                  | ox)               | Change in                      | Teanen      | orter of  |                                              | Othe                                                                     | r (Please expl                        | ain)            |                                      |                       |             |  |
| Recompletion                                                      | Oil               | Cuange in                      | Dry G       |           |                                              | CHANG                                                                    | GE NAME                               | FROM:           | COTTON DR                            | AW FED                | . COM #1    |  |
| Change in Operator                                                | Casinghe          | ad Gas                         | Conde       |           |                                              |                                                                          |                                       |                 | COTTON DR                            |                       |             |  |
| f change of operator give name<br>ad address of previous operator |                   |                                |             |           |                                              |                                                                          |                                       |                 |                                      |                       |             |  |
| I. DESCRIPTION OF WE                                              | LL AND LE         | ASE                            |             |           |                                              | ····-                                                                    |                                       |                 |                                      |                       |             |  |
| Lease Name                                                        | DDD 4.T           | Weil No.   Pool Name, Includin |             |           |                                              |                                                                          |                                       |                 | T Lease No.  Rederal or Fee NM 55945 |                       |             |  |
| COTTON DRAW AJT FE                                                | DERAL             | 1 1                            | <u> </u>    | Vilde     | at                                           | 1000                                                                     | MU-                                   |                 |                                      | I NM 5                | 3945        |  |
| Location Unit LetterE                                             | :198              | 0                              | _ Feet F    | rom Th    | e No                                         | orth Lin                                                                 | 660                                   | P               | eet From The                         | West                  | Line        |  |
| Section 23 Tox                                                    | waship 24         | 24S Range                      |             |           | 31E                                          | . NMPM,                                                                  |                                       |                 | Eddy County                          |                       |             |  |
| III. DESIGNATION OF TI                                            | RANSPORTI         | ER OF O                        | IL AN       | ND NA     | TUI                                          | RAL GAS                                                                  |                                       |                 |                                      |                       |             |  |
| Name of Authorized Transporter of                                 |                   | or Conde                       |             |           |                                              |                                                                          | e address to w                        | hich approved   | d copy of this for                   | m is to be se         | eni)        |  |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas       |                   |                                |             |           |                                              | Address (Give address to which approved copy of this form is to be sent) |                                       |                 |                                      |                       |             |  |
| If well produces oil or liquids, give location of tanks.          | Unit              | Sec.                           | Twp.        |           | Rge.                                         | Is gas actually connected? When                                          |                                       |                 | n ?                                  |                       | <del></del> |  |
| f this production is commingled with                              |                   | her lease or                   | pool, g     | ive com   | mingl                                        | ing order num                                                            | ber:                                  | <u></u>         |                                      |                       |             |  |
| IV. COMPLETION DATA                                               |                   | lount                          |             | C W       | - 11                                         | I N W.N                                                                  | 1 312-4                               | γ               | I Dive Deale In                      |                       | haire north |  |
| Designate Type of Comple                                          |                   | Oil Wel                        | i_          | Gas Wo    | e11<br>                                      | New Well                                                                 | Workover<br>                          | Deepen          | Plug Back                            | Same Kes'v            | Diff Res'v  |  |
| Date Spudded                                                      | Date Con          | Date Compl. Ready to Prod.     |             |           |                                              | Total Depth                                                              |                                       |                 | P.B.T.D.                             |                       |             |  |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation    |                   |                                |             |           |                                              | Top Oil/Gas                                                              | Pay                                   |                 | Tubing Depth                         | Tubing Depth          |             |  |
| Perforations                                                      |                   |                                |             |           |                                              |                                                                          | · · · · · · · · · · · · · · · · · · · |                 | Depth Casing                         | Shoe                  |             |  |
|                                                                   | ·                 | TUBING                         | . CAS       | ING A     | ND                                           | CEMENTI                                                                  | NG RECO                               | RD              | <u> </u>                             |                       |             |  |
| HOLE SIZE                                                         | C                 | CASING & TUBING SIZE           |             |           |                                              | DEPTH SET                                                                |                                       |                 | S                                    | SACKS CEMENT          |             |  |
|                                                                   |                   |                                |             |           |                                              |                                                                          |                                       |                 |                                      |                       |             |  |
| <u> </u>                                                          |                   |                                |             |           |                                              |                                                                          |                                       |                 |                                      |                       |             |  |
|                                                                   |                   |                                |             |           |                                              |                                                                          |                                       |                 |                                      |                       |             |  |
| V. TEST DATA AND REC                                              | UEST FOR          | ALLOW                          | ABLI        | E         |                                              | 1                                                                        |                                       |                 | <del></del>                          |                       |             |  |
| OIL WELL (Test must be                                            | after recovery of | total volum                    | e of load   | d oil and | i musi                                       | be equal to o                                                            | exceed top a                          | llowable for th | his depth or be fo                   | or full 24 hor        | urs.)       |  |
| Date First New Oil Run To Tank                                    | Date of           | l'est                          |             |           |                                              | Producing M                                                              | lethod (Flow, )                       | pump, gas lift, | elc.)                                |                       |             |  |
| Length of Test                                                    | Tubing 1          | Tubing Pressure                |             |           |                                              | Casing Press                                                             | aire                                  |                 | Choke Size                           |                       |             |  |
| Actual Prod. During Test                                          | Oil - Bb          | Oil - Bbls.                    |             |           |                                              | Water - Bbis.                                                            |                                       |                 | Gas- MCF                             | Gas- MCF              |             |  |
| GAS WELL                                                          |                   |                                |             | ····      |                                              |                                                                          |                                       |                 | <del> </del>                         |                       |             |  |
| Actual Prod. Test - MCF/D                                         | Length            | Length of Test                 |             |           |                                              | Bbls. Conde                                                              | ensate/MMCF                           |                 | Gravity of C                         | Gravity of Condensate |             |  |
| Testing Method (pitot, back pr.)                                  | Tubing            | Tubing Pressure (Shut-in)      |             |           |                                              | Casing Pressure (Shut-in)                                                |                                       |                 | Choke Size                           | Choke Size            |             |  |
| VI. OPERATOR CERT                                                 | TFICATE O         | OF COM                         | IPLIA       | NCE       | <u>.                                    </u> |                                                                          |                                       | VICEDI          | /ATION                               | יייייי                | ON          |  |
| I hereby certify that the rules an                                |                   |                                |             |           |                                              |                                                                          | OIL OU                                | MOLIN           |                                      |                       |             |  |
| Division have been complied w<br>is true and complete to the best |                   |                                |             | UVE       |                                              | Dat                                                                      | e Approv                              | /ed             | SEP 1                                | 3 1991                | !           |  |
| Quanta o                                                          | Donald            | III                            |             |           | <u>.</u>                                     | n                                                                        |                                       | ORIGINA         | L SIGNED                             | RY                    |             |  |
| Signature<br>Juanita Goodlett                                     |                   | iction                         |             |           | _                                            | By                                                                       |                                       | MIKE W          | 1113332                              |                       |             |  |
| Printed Name<br>9-5-91                                            |                   |                                | Tiu<br>48-1 | 471       |                                              | Title                                                                    | 9                                     |                 | SOR, DIST                            | ا ا با البات          |             |  |
| Date                                                              | -                 | 7                              | elephon     | e No.     | _                                            | ll l                                                                     |                                       |                 | *                                    | • •                   |             |  |

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.