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

State of New Mexico Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

وزيد فروز والمدلة

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.64 : 9 1993

•	T		NCDC		AND NA	TURAL GA	S		the special states		
I. TO TRANSPORT OIL AND NATURAL GAS  Operator								Well API No.			
YATES PETROLEUM CO	RPORATI	ON					30-	015-272	+9		
Address 105 South 4th St.,	Artesia	, NM	8821	.0	·						
Reason(s) for Filing (Check proper box)					Oth	er (Please explai	in)			1	
New Well	(	Cnange in	Transpor	rter of:							
Recompletion	Oil	Ш	Dry Gas	s <u> </u>						·	
Change in Operator	Casinghead	Gas 🗌	Conden	sate							
If change of operator give name and address of previous operator											
	AND TEA	CIT.	CC		)						
II. DESCRIPTION OF WELL A Lease Name	AND LEA	Nell No	Dool No	end P	ng Formation		Kind o	f Lease	L	ease No.	
Adeline ALN Federal	8 Wildcat						State, Federal or Fee / NM 82904				
Location					Dezanaz		4				
Unit Letter H	: 1980	)	Feet Fro	om TheN	orth Lin	e and660	) Fe	et From The	East	Line	
Section 6 Township 24S Range 31E N						мрм,	<del></del>	Eddy		County	
III. DESIGNATION OF TRAN				D NATU	KAL GAS	ve address to wh	ich annemad	come of this fo	rm is to he e.	ent)	
Name of Authorized Transporter of Oil EOTT Energy Corporation	1X 1	or Conder	182LC		PO Box	1188, Ho	ouston,	TX 772	51-1188		
Name of Authorized Transporter of Casinghead Gas					Address (Give address to which approved copy of this form is to be sent) 105 South 4th St., Artesia, NM 88210						
If well produces oil or liquids, give location of tanks.		Sec. ဝ်	Twp. 24	Rge.   31		ly connected?	When	<del></del>			
If this production is commingled with that	from any other	r lease or	pool, giv	e commingly	ing order nun	nber:					
IV. COMPLETION DATA				_	-	*****				<u>.</u>	
Designate Type of Completion	- (X)	Oil Well	1 (	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	l. Ready to	o Prod.		Total Depth		.1	P.B.T.D.			
2-12-93	3-23	3-2393			8110'			050'			
Elevations (DF, RKB, RT, GR, etc.) 3426 GR	Name of Producing Formation Delaware			Top Oil/Gas Pay 7807'			Tubing Depth 8000				
Perforations								Depth Casing Shoe			
7807-7990 <b>'</b>				<u></u>				<u> </u>	8110'		
					CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE			SIZE	ļ	DEPTH SET		SACKS CEMENT Redi-Mix			
26"	20"				40'			500 sx - circ		irculated	
17½"	13-3/8"				512'			1775 sx - circulated			
11"		8-5/8"			4025'			840 sx - circulated			
7-7/8"	51		ADIE	10 7 11		8110'	7	840	<u>sx - c</u>	irculated	
V. TEST DATA AND REQUES	T FOR A	LLUW	ABLE	/2-7/8	8" @ 750	00' exceed ton allo	/ owable for thi	s depth or be t	for full 24 ho	urs.)	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)					
3-9-93	3-23-93			Pumping				4-	9-93		
Length of Test	Tubing Pressure			Casing Pressure			Choke Size comp & BH				
24 hrs	60			60			2	2"	,		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
287	90	90			197			67			
GAS WELL				-							
Actual Prod. Test - MCF/D Length of Test					Bbls. Cond	Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIA	NCE		0" 001	JOED!	ATION	חוויוסוי		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved MAR \$ 1 1993						
Signita Da	-0 M1.X					• •		NAL SIGN	ED BY		
Signature Juanita Goodlett - Production Supvr.					By MIKE WILLIAMS SUPERVISOR, DISTRICT IT						
Printed Name Title 3-25-93 (505) 748-1471						Title					
Date		Te	lephone l	No.	Ш						

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.