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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

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		, , , , , , , ,					Well	API No.			
YATES PETROLEUM CORPORATION						30-045-25087					
Address											
105 South 4th St.,	Artesi	a, NM	88:	210			• •				
Reason(s) for Filing (Check proper box)			_	_		er (Please expl					
New Well		Change in			Chang	e transp	orter e	ffective	e Januar	y 12,199	
Recompletion	Oil		Dry (			_					
Change in Operator	Camphe	ad Gas	Cond	ensate							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LE	Well No.					V:- d	of Lease	1 1	ease No.	
Lease Name	Kinbeto RG Federal				ing Formation Gallup			State, Federal pr/F/ed		NM 19356	
Kinbeto RG Federal				ondes.	Gairap						
Location Unit LetterB	980	)	_ Feet	From The	North Lin	and	). Fe	et From The	East	Line	
	0.011							ın Juan		Country	
Section 8 Townshi	p 23N	<del> </del>	Rang	e 10W	, NI	MPM,				County	
III. DESIGNATION OF TRAN	SPORTI			ND NATU	RAL GAS	- 444	Lish summers	Leans of this f	nem is to be se		
Name of Authorized Transporter of Oil		or Conde	nsale		Address (Give address to which approved copy of this form is to be sent) PO Box 256, Farmington, NM 87401						
Giant Refg. Co.				- Cos -		Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casing	ghead Gas	<u></u> _	or Di	ry Gas	Audress (GIV	e acceress 10 W	men approved	. copy of this Je			
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actuall	y connected?	When	When ?			
give location of tanks.	В	-8	231		No		Ĺ				
If this production is commingled with that	from any ot	her lease or	pool,	give comming	ling order num	ber:					
IV. COMPLETION DATA								<u>,</u>			
	<b>a</b> n	Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion					Total Domb	<u> </u>	<u></u>	10000	I		
Date Spudded	Date Corr	ipl. Ready to	o Prod.	•	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
								5 4 6	Depth Casing Shoe		
Perforations								Depth Casin	g Snoe		
					OC) (C) ITT	NC DECOR	ın.	<u> </u>			
					CEMENTI	DEPTH SET		7	SACKS CEM	FNT	
HOLE SIZE	C/	ISING & T	OBING	SIZE	<del> </del>	DEF IN SET		<del> `</del>	SKOKO GEM		
	<del> </del>							·			
	<del> </del>										
	<del> </del>										
V. TEST DATA AND REQUES	ST FOR	ALLOW	ABL	E	.l						
OIL WELL (Test must be after r	recovery of t	otal volume	of loa	d oil and mus	t be equal to or	exceed top all	owable for the	is depth or be	for full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of T				Producing M	ethod (Flow, p	ump, gas lift,	etc.)			
Date i na i vevi en i ne i e e e e e e e e e e e e e e											
Length of Test	Tubing Pr	ressure			Casing Press	ire		Choke Size	- K2 F		
1							<b>D</b> 12			<b></b>	
Actual Prod. During Test	Oil - Bbls	i.			Water - Bbls	•	In C	C appended		Ì	
					<u> </u>		11/7	21.0 (2.77)	عدًا	<u>,                                    </u>	
GAS WELL				-			JA	N1 6 198	30		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conder	sate/MMCF	<u> </u>	CPYN PIC	Paristra .		
							OIL	COIN.	DIA		
sting Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Casing Press	ure (Shut-in)	,	<b>1984 Sid</b>		,	
								.1			
VI. OPERATOR CERTIFIC	'ATE O	F COM	PLIA	NCE		o o.o.	1050	ATION	DIVICIO	<b>781</b>	
					(	DIL COM	NSEHV	AHON	אפואום	אוכ	
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above								JAN 1	6 1990		
is true and complete to the best of my	knowledge	and belief.			Date	Approve	ed				
(1) 8						• •			<b>1</b>	,	
Hyanda Sug.	∥ By_		۵	<u>۸) (</u>	Thomas						
Signature Juanita Goodlett -	Produc	ction S	Supv	r.	-,_		SUPI	ERVISOR	DISTRIC	T 42	
Printed Name			Title		Title	•				, FU	
1-12-90	(!	505) 74									
Date		Tel	lephone	No.							

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.