

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

AUG 16 '90

C. G. D.
ARTESIA OFFICE

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

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

| | |
|---|---|
| Operator YATES PETROLEUM CORPORATION ✓ | Well API No. 30-015-26338 |
| Address 105 South 4th St., Artesia, New Mexico 88210 | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Operator <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|--|-----------------------|
| Lease Name Ocotillo ACI Federal | Well No. 1 | Pool Name, including Formation North Dagger Draw Upper Penn | Kind of Lease State, Federal or Fed / | Lease No. NM 42787 |
| Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>10</u> Township <u>20S</u> Range <u>24E</u> , NMPM, <u>Eddy</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | |
|---|--|------------|-------------|-------------|---|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co. | Address (Give address to which approved copy of this form is to be sent) PO Box 159, Artesia, NM 88210 | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Yates Petroleum Corporation | 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. | Unit A | Sec. 10 | Twp. 20s | Rge. 24e | Is gas actually connected? When? YES 7-16-90 |

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

| | | | | | | | | |
|--|--|--------------------------|--|----------|--------|-----------|------------|------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded 5-13-90 | Date Compl. Ready to Prod. 8-10-90 | Total Depth 9430' | P.B.T.D. 7820' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3704.1' GR | Name of Producing Formation Canyon | Top Oil/Gas Pay 7653' | Tubing Depth 7516' | | | | | |
| Perforations 7653-7765' | Depth Casing Shoe 9430' | | | | | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 26" | 20" | 40' | RediMix | | | | | |
| 14-3/4" | 10-3/4" | 1195' | 1050 sx | | | | | |
| 9-1/2" | 7-7/8" | 9430' | 2275 sx | | | | | |
| | 2-7/8" | 7516' | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

| | | | |
|---|-------------------------|--|---------------------------------------|
| Date First New Oil Run To Tank 7-16-90 | Date of Test 8-10-90 | Producing Method (Flow, pump, gas lift, etc.) Flowing | |
| Length of Test 24 hrs | Tubing Pressure 160 | Casing Pressure Pkr | Choke Size 2" <i>comp & BK</i> |
| Actual Prod. During Test 244 | Oil - Bbls. 14 | Water - Bbls. 230 | Gas- MCF 920 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Juanita Goodlett
Signature
Juanita Goodlett, Production Supervisor
Printed Name
8-15-90 Date
505/748-1471 Telephone No.

OIL CONSERVATION DIVISION

Date Approved **AUG 24 1990**
By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.