District I PO Box 1980, Hobbs, NM 22241-1980

State of New Mexico

RECEIVED Revised February 10, 1994 UT
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District []

PO Drawer DD, Artesia, NM 88211-0719

OIL CONSERVATION DIVISION PO Box 2088

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strict III 00 Rio Brazos istrict IV				Santa Fo	O Box 20 e, NM 8	7504-			APR 29 '9	<b>□</b> A	5 Copies MENDED REPORT	
) Box 2 <b>088,</b> Sa	inta Fe, NM F	7504-2088 QUEST F	FOR ALL	OWABI	LE AND	AU	THORI	ZATI	ON TO TR	ANSPO	RT	
Operator name and Address										OCKID NUMBER		
YATES PETROLEUM CORPORATION							3 1			025575 Reason for Filing Code		
105 South 4th Street Artesia, NM 88210							NW					
API Number							Name			' Pool Code 15475		
30 - 015-2	27868		South Dagger Draw U					Uppe	'Wei Number			
	operty Code		' Property Name Carl TP Com								4	
10.6	12091				Call 1.							
Ul or lot no.	Surface L	OCALION Township	Range Lo	t.lda	Feet from the	e	North/S	th-Line	Feet from the	East/What if	ne County	
	A 22 20S		24E 6		660	660 FN		FNL 660		FEL	Eddy	
	<u></u>	lole Local	tion	J		1						
UL or lot se.				Lot ida Feet from th		16	North/South line		Feet from the	from the East/West line County		
12 Lae Code	" Producin	Method Code	14 Gas Cos	nection Det	15 C-12	9 Permi	t Number		* C-129 Effective	Date	C-129 Expiration Date	
	<u> </u>	ransporte		- :								
Тгаларо	rter		" Transporter Name			<sup>24</sup> POD <sup>21</sup> O/G			<sup>22</sup> POD ULSTR Location and Description			
OGRID			and Address		. 272	0710		0	Battery @		<u></u>	
000778	-502	2 N. Wes	L Intercorp. Trucking 2/2 West Avenue nd, TX 79336			0/10		located Unit I, Sec. 22-20S- 24E				
025561	270					0730 G Carl TP Com #1 Unit I, Sec. 22-20S-24E						
100		tesia, N							e e			
		-					`				_	
											Post ID-2	
V Proc	iuced Wa	iter							<u>.</u>	æ	7-8-94 emp & BK	
r	POD						-		Description	0 ( m10	a p2/n atm205	
27207			State	"CO" SI	WD Dispo	sal	Syster	n, NE	tSEt, Sec.	36-119	S-R24E, SWD285	
	Well Completion Data			14 Ready Date					и PBTD		29 Perforations	
	<sup>33</sup> Spud Date 3-7-94		4-9-94			8036'		7981'		7618-7714'		
	™ Hole Size		11 Casing & Tubing Size			<sup>33</sup> Depth			Set <sup>10</sup> Sacks Cement		Sacks Cement	
	26"		20"			80'			Redi-Mix to surfac		ix to surface	
	14-3/4"		9-5/8"			1075				1100 sx - circulate		
	8-3/4"		7"			80361				1225 s	x - circulated	
			2-7/8"			7755 <b>'</b>						
VI. We	ll Test D	ata									· · · · · · · · · · · · · · · · · · ·	
" Date New Oil		<sup>14</sup> Gas Delivery Date		" Test Date 4-23-94		" Test Length		1	Tbg. Pressure "Cag. Press 310 320			
	4-13-94		4-9-94 4-		4 Water		24 hrs		310 "AOF		" Test Method	
Fu	"Choke Size Full		118		1768		2009		-		Pumping	
with and tha knowledge a	it the information	on given above:	Conservation Di	vision have b	secon complied set of my	Appr			ONSERVA			
Signature:	mila	7	dies	<del></del>		Title:	Approved by:  SUPERVISOR, DISTRICT II					
Juani	ta Goodl	ett					! P :			4001		
Tide: Production Supervisor						Approval Date: MAY 3 1 1994						
Date: 4-					8-1471	<u>                                     </u>						
" If this is	a change of o	perator fill in t	the OGRID nu	nber and na	me of the pres	uom ob	erator					
-	Previous	o Operator Sign	nature	<u>,</u>		Pr	inted Name		<del> </del>	Tid	e Date	

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED TAMENDED REPORT AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- Operator's name and address 1.
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- Reason for filing code from the following table: NW New Well 3.

NW RC CH

Recompletion

RC Recompletion
CH Change of Operator
AO Add oil/condensate transporter
CO Change oil/condensate transporter
AG Add gas transporter
CG Change gas transporter
RT Request for test allowable (Include volume requested)
If for any other reason write that reason in this box.

- The API number of this well 4.
- The name of the pool for this completion 5.
- The pool code for this pool 6.
- The property code for this completion 7.
- The property name (well name) for this completion 8.
- The well number for this completion 9.
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- The bottom hole location of this completion 11.
- Lease code from the following table: 12.

Federal State Fee Jicarilla

Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table: 13.

Flowing Pumping or other artificial lift

- MO/DA/YR that this completion was first connected to a gas transporter
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17. completion
- The gas or oil transporter's OGRID number 18.
- Name and address of the transporter of the product 19.
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- 21. Product code from the following table:

Gas

- The ULSTR location of this POO if it is different from the well completion location and a short description of the POO (Example: "Battery A", "Jones CPD",etc.)
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POO (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole  $\dot{\cdot}$ 29.
- 30. Inside diameter of the well bore
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and 32.
- 33. Number of sacks of cament used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced 34.
- MO/DA/YR that gas was first produced into a pipeline 35.
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- Diameter of the choke used in the test 40.
- Barrels of oil produced during the test 41.
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D 44.
- 45. The method used to test the well:

F Flowing
P Pumping
S Swabbing
If other method please write it in.

- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 46.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.