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			61 24 39 GIOD
- bmit 5 Copies	State of Ne Energy, Minerals and Natu	w Mexico	Form C+104 / Revised 1-1-89
ppropriate District Office	Energy, Minerals and Matu	Tat Resources Department	See Instructions at Bottom of Page
O. Box 1980, 11obbs, NM 88240	OIL CONSERVA	TION DIVISION	ARTESIA DI HEE
ISTRICT II O. Drawer DD, Artesia, NM 88210	P.O. Bo Santa Fe, New Me	ox 2088	
ISTRICT III XXV Rio Brazos, Rd., Aztec, NM 87410	REQUEST FOR ALLOWAB TO TRANSPORT OIL	LE AND AUTHORIZA AND NATURAL GAS	
PPERATOR YATES PETROLEU			<u>Т well APT No.</u> 30-005-60959
105 SOUTII 4th	STREET, ARTESIA, NM 882		
Reason(s) for Filing (Check proper box)	Change in Transporter of:		
New Well L Recompletion	Oil Dry Gas	EFFECTIVE DA	TE_10-21-89
Change in Operator X	Casinghead Gas 🗌 Condensate 🛛		
change of operator give name M address of previous operator	esa Operating Limited Pa	rtnership, PO_Box_	2009, Amarillo, Texas 7918
I. DESCRIPTION OF WELL	AND LEASE		Kind of Lease Lease No.
Lease Name	Well No. Pool Name, Includin	ng Formation Slope Abo	Kind of Lease Lease No. State Federal Dr Fee NM15863
Cottonwood Feder	ral 1 Pecos s	stope Not	
Location T	. 1980 Feet From The 50	outh_Line and660'	Feet From The east Line
Unit Letter			County
Section 26 Townshi	p 6.S Range 25F	, NMPM,	Chaves County
TT DESIGNATION OF TRAN	SPORTER OF OIL AND NATU	RAL GAS	- Citic Commission he seath
Name of Authorized Transporter of Oil	or Condensate X	Address (Give address to which PO Box 159, Artes	approved copy of this form is to be sent) sin, NM 88210
Navajo Refining Co.	or Dry Gas X	Address (Give address to which	approved copy of this form is to be sent)
Name of Authorized Transporter of Casin Transwestern Pipeline		PO Box 2521, Hous	ston, TX 77001
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. I 26 6 25	Yes	When ? 11/18/81
If this production is commingled with that	from any other lease or pool, give commingl	ing order number:	
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen   Plug Back  Same Res'v  Diff Res'v
Designate Type of Completion	- (X)	Total Depth	
Date Spaddod	Date Compl. Ready to Prod.		1.5.1.0.
Elevations (DF, RKB, KT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations			
	TUBING, CASING AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	Prof TO-3
			11-12-89
		-	chy p
			etter it . (ER
V. TEST DATA AND REQUE	ST FOR ALLOWABLES recovery of total volume of load oil and musi	t be equal to or exceed top allows	able for this depth or be for full 24 hours.)
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump	, gas lift, etc.)
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Caning I readered	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
GAS WELL Actual Prod. Test - MCI/D	Length of Test	libls. Condensate/MMCF	Gravity of Condensate
ACUAL FIOL ICS - MCIVD			7
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. OPERATOR CERTIFIC	CATE OF COMPLIANCE		SERVATION DIVISION
I hereby certify that the rules and reg Division have been complied with an is true and complete to the best of my	ulations of the Oil Conservation d that the information given above		
0 8			NOV 1 7 1989
NESS C. I MARY	U.U.		AL SIGNED BY
Caranita Dorn			
Signature JUANITA GOODLETT	- PRODUCTION SUPVR.	MIKE W	
	T - PRODUCTION SUPVR. Title (505) 748-1471 Telephone No.	11	VISOR, DISTRICT II

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

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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.