

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator  
YATES PETROLEUM CORPORATION

Well API No.  
30-005-61086

Address  
105 SOUTH 4TH STREET, ARTESIA, NM 88210

☒ Other (Please explain)

Reason(s) for Filing (Check proper box)

New Well  
☐

Recompletion  
☐

Change in Operator  
☒

Change in Transporter of:  
Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☒

EFFECTIVE DATE 10-21-89

If change of operator give name and address of previous operator

Mesa Operating Limited Partnership, PO Box 2009, Amarillo, Texas 79189

II. DESCRIPTION OF WELL AND LEASE

Lease Name China Federal	Well No. 3	Pool Name, Including Formation West Pecos Slope Abo	Kind of Lease State, <u>Federal</u> or Fee	Lease No. NM36648
Location Unit Letter <u>E</u> : <u>1850</u> Feet From The <u>north</u> Line and <u>660</u> Feet From The <u>west</u> Line Section <u>17</u> Township <u>7S</u> Range <u>23E</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Navajo Refining Co.	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	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 Transwestern Pipeline Co. (ATT: Aicklen)	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 2521, Houston, TX 77001
If well produces oil or liquids, give location of tanks.	Unit <u>E</u> Sec. <u>17</u> Twp. <u>7</u> Rge. <u>23</u>	Is gas actually connected? <u>Yes</u> When? <u>12/28/82</u>

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post ID-3
			11-17-89
			chg LP
			chg WT: PER

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Signature  
JUANITA GOODLETT - PRODUCTION SUPERV.  
Printed Name  
8-1-89  
Date

Title  
505/748-1471  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved  
NOV 17 1989

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.