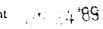
g = 3.5 = 10

State of New Mexico Energy, Minerals and Natural Resources Department Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210



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

ISTRICT III XXI Rio Bi2106 Ril. Aziec, NM 87410	REQUEST FOR ALLOWABL	AND NATUROUS	·		
)perator	TO TRANSPORT OIL AND NATURAL GAS		Well API No. 30-005-61248		
YATES PETROLEUM	CORPORATION				
105 SOUTH 4th S	STREET, ARTESIA, NM 882				
Reason(s) for Filing (Check proper box)	Change in Transporter of:	EFFECTIVE DATE	10-21-89		
Recompletion X	Oil Dry Gas Casinghead Gas Condensate X				
change of operator give name Mc	esa Operating Limited Par	rtnership, PO Box 20	009, Amarillo,	Texas 79189	
ad address of previous operator					
I. DESCRIPTION OF WELL A	Well No. Pool Name, metadin	if toursmon	Kind of Lease State, Federal or Fee	Lease No.	
Horse Creek	Com 1 Pecos S	lope Abo		east	
ocation B	Feet From The	orth Line and	Feet From The	Line	
Unit Letter	- · - · · · · · · · · · · · · · · · · ·		aves	County	
Section 11 Township		, NMTM			
T DESIGNATION OF TRAN	SPORTER OF OIL AND NATU	RAL GAS	proved copy of this form	is to be sent)	
Name of Authorized Transporter of Oil	PO Box 159, Artesia, NM 88210				
Navajo Refining Co.	phead Gas Or Dry Gas X	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casing Transwestern Pipeline	Co. (ATT: Aicklen)	PO Box 2521, Houst	When?		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Yes	10/14/82)	
f this production is commingled with that	from any other lease or pool, give commingl	ling order number:			
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover De	epen Plug Back San	me Res'v Diff Res'v	
Designate Type of Completion	- (X)	Total Depth	P.B.T.D.		
Date Spanished	Date Compl. Ready to Prod.				
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation Top Oil/Gas Pay		Tubing Depth		
Perforations			Depth Casing S	hoe	
	TURING CASING AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	Post	TD-3	
HOLL SIZE			11-1	?-89	
			cha	N p	
			chic	LT': PER	
V. TEST DATA AND REQUE	ST FOR ALLOWABLE		nd to for this depth or he for	full 24 hows.)	
OIL WELL (Test must be after	recovery of total volume of total on that me	Producing Method (Flow, pump,	gas lift, etc.)		
Date First New Oil Run To Tank	Date of Tex	Treatening			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
		Water - Dbls.	Gus- MCF		
Actual Prod. During Test	Oil - Bbls.				
GAS WELL		0.01CE	Gravity of Cor	idensate	
Actual Prod. Test - MCT/D	Length of Test	libls. Condensate/MMCF	Gizin, di da		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
İ	CATE OF COMPLIANCE	OIL CONS	ERVATION D	IVISION	
I hereby certify that the rules and reg	gulations of the Oil Conservation and that the information given above		#AV 4 7 4		
is true and complete to the best of m		Date Approved			
the state of the s	thu	By ORIGINA	L SIGNED BY		
Signature JUANITA COODLETT - PRODUCTION SUPVR.		MIKE WILLIAMS Title SUPERVISOR, DISTRICT II			
Printed Name 8-1-89	Title (505) 748-1471	TITIC SUPERVI	SUR, DISTRICT II		
0-1-09	Telephone No.				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

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