Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

d55-1
Form C-104 Revised 1-1-89
See Instructions ()

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III		Sar	nta F		Mexico 875	504-2088			7 1/	20	
1000 Rio Brazos Rd., Aztec, NM 8741	REC	OUEST FO)R A	UI OWA	ARI F AND	AUTHOR	IZATION		APR 3'	90	
I. Operator						ATURAL G			O. C. D),	
YATES PETROLEUM CORPORATION							1	Well API No. ARTESIA, OFFICE			
Address			000					30-00	5-61	693	
105 South 4th St. Reason(s) for Filing (Check proper box.		ia, NM	882	.10		her (Please exp	Inim)				
New Well		Change in 7	Fransp	orter of:		nei (Fiease exp	iain)				
Recompletion Change in Operator	Oil	_	Dry G		EI	FFECTIVE	4-1-90				
If change of operator give name	Casingh	ead Gas	Conde	nsate							
and address of previous operator								· · · · · · · · · · · · · · · · · · ·	··		
II. DESCRIPTION OF WELI Lease Name	AND LE		Dool N	Jame Taslu	dia E					·	
Tamarack QF State	Well No. Pool Name, Inclu 2 Linda SA							nd of Lease Lease No. LG 3591			
Location Unit Letter E	. 165	01	Feet F	rom The	North Li	ne and 3:	30 E	eet From The	West		
Section 32 Towns	nip 6S			065			A'			Line	
	•		Range		1.	MPM,		Chav	es	County	
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil		or Condensa	AN	D NATU							
Enron Oil Trading &	ranspo	rtation,	ue In		Address (Gir	ve address to w	hich approved ROX 119	l copy of this fo	Orm is to be s	eni) 77251–118	
Name of Authorized Transporter of Casi				Gas	Address (Giv	ve address to wi	hich approved	copy of this fo	orm is to be si	11231-118 ens)	
If well produces oil or liquids, give location of tanks.	Unit		wp.	Rge	. Is gas actuall	y connected?	When	?			
If this production is commingled with that	from any or	32	6	26	No	· · · · · · · · · · · · · · · · · · ·					
IV. COMPLETION DATA	- I I I I I I I I I I I I I I I I I I I	ner rease or po		ve communi	ning order num	Der:					
Designate Type of Completion	- (X)	Oil Well	(Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to P	rod.		Total Depth	1	L	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay						
	Traine of Fredering Formation				lop oil oas ray			Tubing Depth			
Perforations								Depth Casing	Shoe		
		rubing, c	ASI	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE					DEPTH SET			SAÇKS CEMENT			
								Pos	T_IO-	- 3	
					 			24 -	-6-70	NRC	
V. TEST DATA AND REQUE	ET FOR A	LLOWAD	TE						7 ~		
OIL WELL (Test must be after t				il and must	be equal to or	exceed top allo	wable for this	denth or he fo	e full 24 hour	ì	
Date First New Oil Run To Tank	Date of Te				Producing Me	thod (Flow, pur	np, gas lift, et	c.)	, juli 24 110W	3./	
Length of Test	Tuhing Pre	saine			Casing Pressu	m-		Choke Size			
	Tubing Tie	Tubing Pressure				Casing 1 ressure			CHOKE SIZE		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL					·						
Actual Prod. Test - MCF/D	Length of	l'est .			Bbls. Condens	ate/MMCF		Gravity of Co	ndensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI OPERATOR CERTIEIC	ATE OF	COMPLI	ANI	CE							
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Date Approved APR 5 1990							
Circia Lan	, -				Date	pp. 0 ¥ 0 0					
Signature Signature					ORIGINAL SIGNED BY MIKE WILLIAMS						
Juanita Goodlett - Production Supvr. Printed Name Title							SUPER	VISOR, DI	STRICT I	1	
3-27-90	(50	5) 748-1	L47:		Title_			and the second			
Date		Telephor	ne No.					_			

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.

RECEIVED

APR # 2 1990

OCTO HOBBS OFFICE