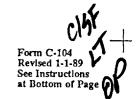
Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department



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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION (1017 2 6 1993)

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TO AN COOPT OIL AND MATURAL CAC

I.	T	O TRA	NSP	ORT OIL	_AND NAT	<b>URAL GA</b>	AS				
Operator YATES PETROLEUM CORPORATION					Well A			191 No. -005 <del>60749</del> 61749			
Address 105 South 4th St., A	rtesia.	NM S	38210			1,		<del></del>			
Reason(s) for Filing (Check proper box)	- cobia,		30210		Othe	r (Please explo	in)				
New Well	(	Change in				•	•				
Recompletion	Oil Casinghead		Dry Ga Conden		EFF	ECTIVE N	OVEMBER	1, 1993			
If change of operator give name and address of previous operator											
	ARIPO F FOA	on.			· · · · · · · · · · · · · · · · · · ·				••	·	
II. DESCRIPTION OF WELL Lease Name		Well No.	Pool N	ame Include	ing Formation		Vind	ef I anna	T	N-	
Federal HJ	Well No.   Pool Name, Includ							of Lease Lease No. Federal or/Fee NM 2357			
Location	1650				Couth	000			T		
Unit Letter	_:		. Feet Fr	om The	South Line	and	Fe	et From The	East	Line	
Section 31 Townshi	6S		Range	26E	, NM	ГРМ,	Chaves			County	
III. DESIGNATION OF TRAN	SPORTER	OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil X or Condensate  Scurlock-Permian Corporation					Address (Give address to which approved copy of this form is to be sent) PO Box 4648, Houston, TX 77210-4648						
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.	Unit S	Sec. 31	Twp.	Rge.   26	is gas actually No						
If this production is commingled with that i	rom any othe	r lease or	pool, giv	e comming!	ing order number	er:	L				
IV. COMPLETION DATA	<del></del>	100 222 0			(		,,				
Designate Type of Completion	- (X)	Oil Well 	1 0	Bas Well	New Well	Workover	Deepen	Plug Back   Sa	me Res'v	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 Pa	iy		Tubing Depth			
Perforations		<del></del>		-				Depth Casing S	hoe		
	T	JBING,	CASIN	NG AND	CEMENTIN	G RECORI	D	<u> </u>			
HOLE SIZE					DEPTH SET			SAC	SACKS CEMENT		
								Part	IO-3	,	
								11:	19-93	,	
***************************************		<del></del>						chy	LTI	EEC	
V. TEST DATA AND REQUES					<u>l</u>			0			
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test		of load o	il and must					full 24 hour	s.)	
	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					<u> </u>		<del></del>				
Actual Prod. Test - MCF/D	Length of Te	est			Bbls. Condensa	ite/MMCF	· · · · · · · · · · · · · · · · · · ·	Gravity of Cond	iensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
UI ODED ATOD CEDTURG	ATTE OF	CO1	T T A 3 3	CE	<b> </b>	·					
VI. OPERATOR CERTIFIC.  I hereby certify that the rules and regula				CL	il o	IL CON	SERVA	TION DI	VISIO	N	
Division have been complied with and t	hat the inform	ation give	n above				02		•1010	1 4	
is true and complete to the best of my k	nowledge and	belief.			Date	Approved	עטע ו	- 1 1993			
Tuanita Doodlitt						-F	- MUA	<del>2 1334</del>			
Signature					By ORIGINAL SIGNED BY						
Juanita Goodlett - Production Supervisor					MIKE WILLIAMS						
Printed Name 10-25-93	505	748-	Title 1471		Title_	SUPE	RVISOR,	DISTRICT I			
Date		Tele	phone No	o.							

- 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.