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

Revised 1-1-89 ee Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

37551

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator YATES PETROLEUM CORPORATION 30-005-61750 Address 105 South 4th St., Artesia, NM 88210 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas Oil Effective Date: January 1, 1991 Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Less Lease No. Federal 10 Linda - SA State, federal or Fee NM-2357 Location 990 Feet From The North Line and 990 East Feet From The Township 6S Range 26E , NMPM, Chaves County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Enron Oil Trading & Transportation Co. 1 102 P. O. Born 1300 Name of Authorized Transporter of Oil Hective 1.1-93 P.O. Box 1188 - Houston, TX 77151-1188 Name of Authorized Transporter of Casinghead 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 Twp. Rge. Is gas actually connected? When? В 31 16S | 26E NO If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Designate Type of Completion - (X) Plug Back Same 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 Pay Tubing Depth Ci Depth Casing Shoe DEC 1 !+ TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT. ۸۸۶۶۹۸۰ TEST DATA AND REQUEST FOR ALLOWABLE (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 PULL NICE . Oil - Bbls. Water - Bbis. GAS WELL Actual Prod. Test - MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate Testing Method (puot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size atu0⁶ 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. OEC 1 4 1990 Date Approved ORIGINAL SIGNED BY Signature Juanita Goodlett By_ - Production Supvr. MIKE WILLIAMS Printed Name 12-14-90 Title SUPERVISOR, DISTRICT IF 748-1471 Title_ (505)Telephone 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
- 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 considered were.