

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

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

District III
P.O. Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
Bottom of Page
SEP - 3 1991

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	YATES EXPLORATION COMPANY INC. /	Well API No.
Address	P.O. BOX "O" ALBUQUERQUE, NM 87103	
Reason(s) for Filing (Check proper box)	<input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	
Completion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Range of operator give name		
Address of previous operator		

DESCRIPTION OF WELL AND LEASE

Well Name	NASTY	Well No.	1	Pool Name, Including Formation	RACETRACK SAN ANDRES	Kind of Lease	State, Federal or Fee	Lease No.
County	Unit Letter L 2280 Feet From The SOUTH Line and 330 Feet From The WEST Line							
Section	20	Township	10S	Range	28E	NMPM	CHAVES	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
PUEBLO PETROLEUM INC.		P.O. BOX 8249 ROSWELL, NM 88202				
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Well produces oil or liquids, location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
		18	9S	28E		

If production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

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

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	
Producing Method (flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		

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 Anthony Urquidez Prod. Clerk
Printed Name 08/23/91 Title 1-625-0342
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP - 4 1991

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR DISTRICT II

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.