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ropriate District Office  
RICT I  
Box 1980, Hobbs, NM 88240

RICT II  
Drawer DD, Artesia, NM 88210

RICT III  
Rio Brazos Rd., Aztec, NM 87410

Tes Allocation Request

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

RECEIVED

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	Yates Exploration Co., Inc.	OCT - 9 '89	Well API No.
Address	P.O. Box 0 Albuquerque, NM 87103	O. C. D.	ARTESIA, OFFICE
Reason(s) for Filing (Check proper box)	<input type="checkbox"/> Other (Please explain)		
Well Completion	<input checked="" type="checkbox"/> Change in Transporter of:		
Change in Operator	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Change of operator give name and address of previous operator			

#### DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
LE 6	1	<del>UND</del> Race Track SA	State, Federal or <del>XXX</del>	
Location				
Unit Letter	0	: 330	Feet From The South Line and 2310	Feet From The East Line
Section	6	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)
Permian Corporation	NRC	P.O. Box 3119, Midland, TX 79702
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 0 Sec. 6 Twp. 10S Rge. 28E	Is gas actually connected? When ?

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

#### COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XXXX	Gas Well	New Well XXXXX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
3/28/89	9/27/89	2344	2341					
Productions (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3824.5 GL	San Andres	2287	2237					
Formations	Depth Casing Shoes							
2287-2310	2343							

#### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	7 5/8	265	104sx Post FD-2
6 1/2	4 1/2	2343	90sx 4-20-90
	2 3/8	2237	comp & BK

#### TEST DATA AND REQUEST FOR ALLOWABLE

L 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.)	
9/27/89	9/28/89	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
16 hours			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	20	5	TSTM

#### AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MNCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

#### I. 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 Terrell A. Dobkins  
Printed Name Terrell A. Dobkins Title Engineer  
Date 10/4/89 Telephone No. (505) 622-0553

#### OIL CONSERVATION DIVISION

Date Approved APR 17 1990  
By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

#### 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.