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

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

State of New Mexico Energy, Minerals and Natural Resources Department

MÉCEIVED

Form C-104

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

FEB 7 1991

ORIGINAL SIGNED BY

SUPERVISOR, DISTRICT !!

MIKE WILLIAMS

#1.4Fm	See Instructions at Bottom of Page
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C. D. IA, OFFICI	1 26

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION V D TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator YATES PETROLEUM CORPORATION 30-005-62665 Address 105 South 4th St., Artesia, NM Reason(s) for Filing (Check proper box) Other (Please explain) Change in Transporter of: New Well Change oil transporter effective 2-1-91. Dry Gas Recompletion Note: Casinghead gas connect date. Casinghead Gas [Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Well No. Pool Name, Including Formation Lease Name State, Federal or Fee LG 5246 Diablo San Andres Pathfinder AFT State Location 330 Feet From The South Line and 1650 _ Feet From The __East Unit Letter Chaves 21 10S 27E Township , NMPM, County Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate XPO Drawer 159, Artesia, NM 88210 Navajo Refining Co. Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) (X) or Dry Gas [PO Box 1188, Houston, TX Transwestern Pipeline Co. Is gas actually connected? If well produces oil or liquids, Sec. Twp. Rge. When ? 10 i give location of tanks. 27 11-9-90 0 21 YES If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well | Workover Gas Well Deepen Plug Back Same Res'v Diff Res'v Oil Well Designate Type of Completion - (X) Total Depth Date Spudded P.B.T.D. Date Compl. Ready to Prod. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation **Tubing Depth** Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE **DEPTH SET** HOLE SIZE :TPC V. 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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above

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

wolless.

Production Supvr.

(505)

is true and complete to the best of my knowledge and belief.

anda

Signature Juanita Goodlett

Printed Name

1-30-91

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

By_

Title_

Date Approved ____

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

748-1471 Telephone No.

- 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.