

Submit 5 Copies  
to appropriate District Office  
**STRICT I**  
P.O. Box 1980, Hobbs, NM 88240

**STRICT II**  
P.O. Drawer DD, Artesia, NM 88210

**STRICT III**  
P.O. Box 800, 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  
at Bottom of Page

AUG 27 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)	
Oil Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <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"/>	
If change of operator give name and address of previous operator		

**DESCRIPTION OF WELL AND LEASE**

Well Name	NASTY	Well No.	2	Pool Name, Including Formation	RACETRACK SAN ANDRES	Kind of Lease	State, Federal or Fee	Lease No.
Location	Unit Letter L	1650 2280	Feet From The	SOUTH	Line and	330	Feet From The	WEST
Section	20	Township	10S	Range	28E	NMPM,	CHAVES	County

**I. 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, or location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
		18	9S	28E		

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

**II. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Measurements (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Measurements						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
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**III. 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 AUG 29 1991

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.