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Appropriate District Office  
**DISTRICT I**  
P.O. Box 1980, Hobbs, NM 88240

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

**DISTRICT III**  
1000 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

RECEIVED

DEC 7 '90

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

O. C. D.  
ARTESIA, OFFICE

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

Operator <b>YATES PETROLEUM CORPORATION</b>		Well API No. <b>30-005-62718</b>
Address <b>105 South 4th St., Artesia, New Mexico 88210</b>		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input 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		

<b>II. DESCRIPTION OF WELL AND LEASE</b>		<b>4/1/96 pool - 82730</b>	
Lease Name <b>River Bridge UX State</b>	Well No. <b>4</b>	Pool Name, Including Formation <b>Pecos Slope Abo</b>	Lease No. <b>LG 780</b>
Location Unit Letter <b>C</b> : <b>760</b> Feet From The <b>North</b> Line and <b>1930</b> Feet From The <b>West</b> Line Section <b>16</b> Township <b>9S</b> Range <b>25E</b> , <b>NMPM</b> , <b>Chaves</b> County			

<b>III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS</b>		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>Navajo Refining Co.</b>	PO Box 159, Artesia, NM 88210		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Transwestern Pipeline Co.</b>	Address (Give address to which approved copy of this form is to be sent) PO Box 1188, Houston, TX 77151-1188		
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>16</b>	Twp. <b>9S</b>
		Rge. <b>25E</b>	Is gas actually connected? <b>YES</b>
			When? <b>12-6-90</b>

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

<b>IV. COMPLETION DATA</b>		Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/>		New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>
Designate Type of Completion - (X)	Date Spudded <b>9-18-89</b>	Date Compl. Ready to Prod. <b>2-22-90</b>	Total Depth <b>4100'</b>	P.B.T.D. <b>3946'</b>
Elevations (DF, RKB, RT, GR, etc.) <b>3582.8' GR</b>	Name of Producing Formation <b>Abo</b>	Top Oil/Gas Pay <b>3858'</b>	Tubing Depth <b>3784'</b>	Depth Casing Shoe <b>4100'</b>
Perforations <b>3858-3868'</b>	<b>TUBING, CASING AND CEMENTING RECORD</b>			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
<b>26"</b>	<b>20"</b>	<b>40'</b>	<b>Redimix</b>	
<b>12 1/4"</b>	<b>8-5/8"</b>	<b>863'</b>	<b>550 sx</b>	
<b>7-7/8"</b>	<b>4 1/2"</b>	<b>4100'</b>	<b>700 sx</b>	
	<b>2-3/8"</b>	<b>3784'</b>		

<b>V. TEST DATA AND REQUEST FOR ALLOWABLE</b>			
<b>OIL WELL</b> (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

<b>GAS WELL</b>			
Actual Prod. Test - MCF/D <b>176</b>	Length of Test <b>24 hrs</b>	Bbls. Condensate/MMCF <b>-</b>	Gravity of Condensate <b>-</b>
Testing Method (pilot, back pr.) <b>Back Pressure</b>	Tubing Pressure (Shut-in) <b>205</b>	Casing Pressure (Shut-in) <b>Pkr</b>	Choke Size <b>12/64"</b>

**VI. 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  
**Juanita Goodlett**  
Printed Name  
**Juanita Goodlett, Production Supervisor**  
Date  
**12-6-90**  
Telephone No.  
**505/748-1471**

**OIL CONSERVATION DIVISION**

Date Approved **DEC 27 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.