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Appropriate District Office
[DISTRICT I]
O. Box 1980, Hobbs, NM 88240

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

JUL 29 1991

[DISTRICT II]
O. Drawer DD, Artesia, NM 88210

[DISTRICT III]
000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA OFFICE

Operator	YATES EXPLORATION COMPANY	Well API No.	30-005-62797
Address	P.O. BOX "O" ALBUQUERQUE, NM 87103		
Reason(s) for Filing (Check proper box)	<input type="checkbox"/> Other (Please explain)		
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"/>
Change of operator give name and address of previous operator			

I. DESCRIPTION OF WELL AND LEASE

Lease Name	WHITNEY	Well No.	5	Pool Name, including Formation	Diablo UND. SAN ANDRES	Kind of Lease	State, Federal Lease	Lease No.	
Location	Unit Letter <u>I</u> 2310 Feet From The <u>SOUTH</u> Line and 990 Feet From The <u>EAST</u> Line								
Section	34	Township	10S	Range	27E	NMPM,		CHAVES	County

II. 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)	
ENRON TRANSPORTATION COMPANY		P.O. BOX 1188 HOUSTON, TX 77251-1188	
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)	
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>34</u>	Twp. <u>10</u> Rge. <u>27E</u>
			Is gas actually connected? <u>NO</u> When ?

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	XXX		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
09/14/91	04/04/91		2166 FT.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3779.3	UND. SAN ANDRES		2087.5		2162 FT.			
Perforations	2087.5; 2088; 2089, 2092, 2092.5; 2093, 2093.5; 2110, 2111				Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		375		Post ID-2			
7 7/8"	4 1/2"		2162		8-23-91			
			comp & BK		210 SACKS			

V. 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.)	
04/04/91	04/04/91	PUMP	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 HRS.			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
20 BBL	5 BBLS	15 BBLS	

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

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 Anthony Urquidez Prod. Analyst
Printed Name Anthony Urquidez Title
Date 07/25/91 Telephone No. 1-505-625-0342

OIL CONSERVATION DIVISION

SEP 20 1991

Date Approved

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.