

Submit 3 Copies  
to State District Office  
STR-CT-I  
J. Box 1980, Hobbs, NM 88240

STR-CT-II  
J. Drawer DD, Artesia, NM 88210

STR-CT-III  
OO 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

AUG 27 1991

O. C. D.  
ARTESIA OFFICE

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator: YATES EXPLORATION COMPANY INC. Well API No. 30-005-62797

Address: P.O. BOX "O" ALBUQUERQUE, NM 87103

Reason(s) for Filing (Check proper box) ☐ Other (Please explain)

Well: ☐ New Well ☐ Completion ☐ Change in Operator ☐ Change in Transporter of: ☒ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐

Change of operator give name  
and address of previous operator

DESCRIPTION OF WELL AND LEASE

Well Name: WHITNEY Well No. 5 Pool Name, including Formation: SAN ANDRES Kind of Lease: (State) Federal or Fee Lease No.   
Location: Unit Letter: I : 2310 Feet From The SOUTH Line and 990 Feet From The EAST Line   
Section 34 Township 10S Range 27E, NMPM, CHAVES County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate: PUEBLO PETROLEUM Inc. Address (Give address to which approved copy of this form is to be sent)   
Name of Authorized Transporter of Casinghead Gas or Dry Gas: 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 ?   
34 10S 27E

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

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.   
Evaluations (DF, RKB, RT, GR, etc.): Name of Producing Formation Top Oil/Gas Pay Tubing Depth   
Formations: 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

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: OCT 3 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.