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

State of New Mexico L. ...gy, Minerals and Natural Resources Departme.

KELLI. LÜ

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

JAN 2 5 1993

DISTRICT III

Santa Fe, New Mexico 87504-2088

O. C. D.

000 Rio Brazos Rd., Aztec, NM 87410						AUTHORII				:	
TO TRANSPORT OIL AN						Well API No.					
YATES PETROLEUM CORPORATION						30			23		
Address 105 South 4th St.,	Artesi	a, NM	8821	.0							
Reason(s) for Filing (Check proper box)					Oth	er (Please expl	ain)			1	
New Well	O:	Change in	Transpo Dry Ga								
Recompletion	Oil Casinghea		Ory Ga Conden	_						<u> </u>	
change of operator give name				<u> </u>							
nd address of previous operator I. DESCRIPTION OF WELL	ANDIE	ASF						-			
Lease Name	Well No. Pool Name, Including				ng Formation	g Formation Kind of					
Powers OL Federal 8 Pecos Slop					pe Abo Spaje, F			Federal or Fee	NM 1	4755	
Location	1	980		S	outh	. 1980)		East	: :	
Unit LetterJ	· :	900	. Feet Fn	om The	Lin	e and1980	Fe	et From The		Line	
Section 21 Township	6S		Range	25E	, N	мрм,	Ch	aves		County	
II. DESIGNATION OF TRANS	SPARTE	ያ ብፑ ብ	II. AN	D NATII	RAL GAS						
Name of Authorized Transporter of Oil		or Conden		(XX)	Address (Giv			copy of this form		ent)	
Navajo Refg. Co.								NM 88210		<u> </u>	
Name of Authorized Transporter of Casing Yates Petroleum Corpor			or Dry	Gas XX				esia, NM		:n1)	
If well produces oil or liquids,	Unit	Sec. 21	Twp.	Rge. 25e	Is gas actuall YES		When				
ive location of tanks. If this production is commingled with that f			<u> </u>			ber:					
V. COMPLETION DATA											
Designate Time of Completion	~	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion		ni. Ready to	Prod	X	X Total Depth	.!	1	P.B.T.D.		<u> </u>	
Date Spudded 11–18–92	Date Compl. Ready to Prod. 1-5-93				4250'			4206	<u>'</u>		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth			
3924' GR Abo					380	06'		3749 Depth Casing Shoe			
Perforations 3806–4029 '								4250		:	
3000-4023		TUBING.	CASII	NG AND	CEMENTI	NG RECOR	ED				
HOLE SIZE		SING & TU				DEPTH SET			CKS CEM	ENT	
26"		20"			40'			RediMix			
17½"	13-3/8"					650' 4250'			550 sx - circulated		
7-7/8"	4-1/2" 2-3/8"				3749'			023 8			
/. TEST DATA AND REQUES	T FOR	ALLOW	ABLE		<u> </u>				£.11.04 !	1	
OIL WELL (Test must be after re	ecovery of t	otal volume	of load	oil and must	be equal to of	r exceed top all lethod (Flow, p	lowable for this	s depth or be for stc.)	Juli 24 hou	The	
Date First New Oil Run To Tank	Date of To	est			Liouncing iv	iculou (1104) p			1-1	29-93	
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	comp	o + Bl	
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF				
							3			<u> </u>	
GAS WELL								10		<u> </u>	
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conde	nsate/MMCF		Gravity of Co	ndensale	-	
110 Testing Method (pitot, back pr.)	24 hrs Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
Back Pressure	200 psi				PKR			5/32	2"		
VI. OPERATOR CERTIFIC				NCE			NSERV	ATION D	NVÍSIC	ON :	
I hereby certify that the rules and regul	ations of the	e Oil Conse	rvation				NOLN V			J14 ;	
Division have been complied with and is true and complete to the best of my	unat the info knowledge	ormation giv and belief.	ven 200V	c	No.	e Approve	ad	JAN 2 9	1993		
	2				Date	e whhinne	Ju				
Aranda /	100	Mir	<u> </u>		∥ By₋			SIGNED B	Y	<u> </u>	
Senature Juanita Goodlett - Production Supvr.					MIKE WILLIAMS SUPERVISOR, DISTRICT IF					-	
Printed Name			Title		Title	ə	SUPERVIS	UK, DISTRI	CIT		
1-22-93 Date	(!		48-14 lephone								
ىسى <i>ب</i>											

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.