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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

## State of New Mexico rgy, Minerals and Natural Resources Departn

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

DEC 0 3 1993

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWABLE TO TRANSPORT OIL A
I.	TO TRANSPOR

C. C. D. E AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

		<u> </u>					Well API No.					
perator	ያለው ለጥታ ላህ						30	30-005-62987				
YATES PETROLEUM CORPORATION												
Idress	Artacia	NM 882	210									
105 South 4th St., ason(s) for Filing (Check proper box)	Allesia,	WH OOZ			Othe	(Please expla	in)					
	(	Change in Tra	insporte	er of:								
	Oil `		y Gas									
ecompletion $\Box$	Casinghead		ondensa	ite 🔲								
change in Operator Lamber change of operator give name												
d address of previous operator												
. DESCRIPTION OF WELL	AND LEA	SE							<del></del>			
ease Name	,	Well No.   Po	ol Nan	ne, Includin	IE I OINAMOR			f Lease	ease No.			
Sacra SA Com	ĺ	11 Pecos Slop				pe Abo /9			ef Festeral for Fee			
ocation						2212			E			
Unit LetterG	. 2310	) Fo	eet From	m The $\frac{Nc}{2}$	orth Line	and	Fe	et From The _	East	Line		
Omi Detter								aves County				
Section 35 Towns	nip 6S	R	ange	25E	, N	ирм,	U	naves		County		
-				<del></del> -								
I. DESIGNATION OF TRA	NSPORTE	R OF OIL	AND	) NATU	RAL GAS	dd-400 to w	hich approved	comy of this for	m is to be se	nt)		
ame of Authorized Transporter of Oil		or Condensat	Le [	X	PO Box	Address (Give address to which approved copy of this form is to be sent) PO Box 159, Artesia, NM 88210						
Navajo Refining Co.			- D C	700 (37)					rm is to be se	ent)		
Name of Authorized Transporter of Cashighan Cas					Address (Give address to which approved copy of this form is to be sent) PO Box 1188, Houston, TX 77001							
Transwestern Pipeline Co.					Is gas actually connected? When ?							
Well brompes on or indused			6S	25E	YE	-	İ	12-2-93	3			
this production is commingled with th												
V. COMPLETION DATA	at Home any our	or round or be			J			<u> </u>				
V. COMPLETION DATA		Oil Well	G	ias Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	n - (X)	i	i	X	X		1	<u>]</u>				
Date Spudded	Date Comp	ol. Ready to F	rod.		Total Depth			P.B.T.D.				
10-28-93		12-2-93				4200'			4152'			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
3716' GR Abo				3613'			3495 Depth Casing Shoe					
Perforations								4200				
3613-3806'						NO DECO	20	4200	<u></u>			
		rubing, (	CASI	NG AND	CEMENTING RECORD				SACKS CEMENT			
HOLE SIZE	CA	SING & TU	BING S	SIZE	DEPTH SET			Redi-Mix				
26"		20"	1011		401			700 sx - circulated				
17-1/2"		13-3/8"			805' 4200'			1050 sx				
7-7/8"		4-1/			3495'							
	POT FOR	2-3/	8"	<del></del>	<u> </u>	493						
V. TEST DATA AND REQU OIL WELL (Test must be aft	EST FOR A	ALLUWA	خاندا (بارداد خامما	oil and mus	the equal to o	r exceed top a	llowable for th	is depth or be	for full 24 ho	urs.)		
			y route	OH WING ITHE	Producing N	lethod (Flow,	pump, gas lift,	elc.)	,			
Date First New Oil Run To Tank	Date of To	ESL							1:	-21-94		
	noth of Test Tubing Pressure		- <del></del>	Casing Pres	sure		1-21-94 Choke Size comp v 4K					
Length of Test	Tubing Fi	Coourc										
1 P. J. During Test	Oil - Bbls				Water - Bbis.			Gas- MCF				
Actual Prod. During Test	On - Bois	1.										
	l											
GAS WELL	TT	f Tart			Bbls. Cond	ensate/MMCF		Gravity of	Condensate			
Actual Prod. Test - MCF/D	1 -	Length of Test 24 hrs			-							
400 mcfd	1	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
Testing Method (pitot, back pr.)		260 psi			PKR			1/4"				
Back Pressure			TA	NTCT	1				D. (10)	O.1		
VI. OPERATOR CERTIF	ICATE O		الأنمنط معندم	ناب		OIL CC	NSER\	VATION	DIVIS	ON		
I hereby certify that the rules and the rules are the rule	egulations of the	ormation give	vacion en abov	ve								
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				∥ Da	Date Approved DEC 1 0 1993							
	,					.o , .pp. o				•		
Juanila Das	PIN						ORIGINA	AL SIGNE	BY BY			
					ll pà	By ORIGINAL SIGNED BY MIKE WILLIAMS						
Juanita Goodlett - Production Supervisor						SUPERVISOR DISTRICT II						
Printed Name	Title 505/748-1471				Tit							
12-2-93	-				11		*i *.					
Date		Tel	ephone	INO.	Li							

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.