

Submit 5 Copies  
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

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

JAN 14 1994

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

Operator YATES PETROLEUM CORPORATION	Well API No. 30-005-62995
Address 105 South 4th St., Artesia, NM 88210	
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"/>
If change of operator give name and address of previous operator	

### II. DESCRIPTION OF WELL AND LEASE

Lease Name South Alkali LK Federal	Well No. 5	Pool Name, Including Formation Pecos Slope Abo	Kind of Lease State, Federal or Fee	Lease No. NM 9813
Location Unit Letter D : 660 Feet From The North Line and 990 Feet From The West Line Section 1 Township 6S Range 25E, NMPM, Chaves County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) PO Box 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Company	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 D	Sec. 1	Twp. 6S	Rge. 25E	Is gas actually connected? YES	When? 1-13-94

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

### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 12-7-93	Date Compl. Ready to Prod. 1-8-94		Total Depth 4300'		P.B.T.D. 4250'			
Elevations (DF, RKB, RT, GR, etc.) 3819' GR	Name of Producing Formation Abo		Top Oil/Gas Pay 3958'		Tubing Depth 3848'			
Perforations 3958-3978'					Depth Casing Shoe 4350'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		40'		Redi-Mix			
14-3/4"	9-5/8"		902'		750 sx - circulated			
7-7/8"	4-1/2"		4300'		400 sx + 300 sx (1")			
	2-3/8"		3848'					

### 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.) Post ID-2 3-4-94 comp & BKR	
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 985	Length of Test 5. hrs	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 265	Casing Pressure (Shut-in) PKR	Choke Size 3/8"

### 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 - Production Supervisor  
Printed Name  
1-14-94  
Date  
505/748-1471  
Telephone No.

### OIL CONSERVATION DIVISION

Date Approved JAN 31 1994

By SUPERVISOR, DISTRICT II

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.