Revised February 10, 1994 CIST
Instructions on back LT

District II PO Drawer DD, Artesia, NM \$8211-0719 District III

OIL CONSERVATION DIVISION PO Box 2088

5 Copies 6T Submit to Appropriate District Office

10 Rio Brasos	Rd., Astec.	NM 87410		Santa Fe	e, NM 87	/504-20	J88				AME	NDED REPORT	
trict IV Box 20 <b>88,</b> Se	inta Fe, NM	27504-20 <b>83</b>	COD AT	T OWA DI	EAND	ΔΙΙΤΉ	IOR 17	ZATIC	N TO TR	ANSP(	ORT		
	RI	EQUEST		ION TO TRANSPORT									
Vatas	Dotrole		Operator sam	,	- 02557								
Yates Petroleum Corporation 105 South Fourth Street											Resson for Filing Code		
Artesia, NM 88210							NW & GC						
API Number						Name NFP				27.'94 ' Pool Code			
30 - 0 05-			Pecos Slope Abo (GAS)						82/30				
<sup>7</sup> Property Code			¹ Proper				ty Name			D. 'Well Number			
015811			Yanke	e ANK Fe	deral Co	om				PERICE		_1	
. 10 Surface Locatio			Ford from the North/North					h Line   I	oct from the	East/Wes	d Since	County	
or lot no. Section		Township	1	Range Zanisa					1980	East Chave		Chaves	
0	11	7S	25E		660		Souti	1	1900	Last	·1	onaves	
Bottom Hole L					Feet from th	e North/South line		th fine	Feet from the	East/Wes	t line	e County	
UL or lot 20.	Section	Township	Range	J									
D1 C.1	13 Produci	ing Method Co	de l'Gas	Connection Date	" C-12	Permit N	umber	111	C-129 Effective I	Oate	" C-1	29 Expiration Date	
" Lee Code   " Producing Meth F F			12-21-94										
	nd Gas												
I. Oil and Gas Transpo			" Transporter Name			2 POD 11 O/G			<sup>22</sup> POD ULSTR Location and Description				
OGRID		ia Pof	Pofining Company			22224			Unit O - Section 11-T7S-R25E				
015694 ,P. O. Di			Refining Company rawer 159			813804 0			Unit U - Section II-1/3-R23E				
Artesia			, NM 88210			<u> </u>			15				
			stern Pipeline Co.			813805 G			Unit 0 - Section 11-T7S-R25E				
μ. Ο. De			ox 1188 , TX 77251-1188						• •	Pot ID-2			
1.0000			111 / / 23 2 22 3				3-3/-				- 95		
									3-31-95 comp + BK				
									<del> </del>			<u> </u>	
									5.				
. 4	4												
IV. Pro	duced W	ater											
	POD					POD ULS	IK Focac	NOW THE D	dectribross				
281380				Section 1	11-T7S-F	125E							
V. Well	Comple	etion Data	ata <sup>14</sup> Ready Date <sup>11</sup>				TD " PBTD			1º Perforations			
T Spud Date RH 11-2-94 RT 11-11-94			•			200'	00' 4127'			3924-3942'			
RT 11-11-94   ** Hole Size			" Casing & Tubing Size				<sup>11</sup> Depth Set			<sup>25</sup> Sacks Cement			
26"			20"				40'			Cement to surface			
14-3/4"			9-5/8"			935			, 1	950 sx		- circulate	
ļ						4194				350 sx		250 sx (1")	
7-7/8"			4-1/2"				4174						
NOTE:			d tp 7-7/8" @ 1651'				3841'					<u> </u>	
VI. Well Test Data			2-3/8"  2-3/8"  Test Di			7 Test Length			" Tbg. Pressure			" Cag. Pressure	
1	Date New Oa		a barrery bar			24 hours		-	300#		packer		
	NA 1		2-21-94 12-21-			24 nours			" AOF			" Test Method	
22/64"						800			flow te			flow test	
4 I hamby	certify that th	e rules of the O	il Conservation	Division have b	een complied		^	II CC	MCCDIA	TTON	יעום	SION	
with and the	at the information	tion given abov	e is true and c	complete to the be	est of my	OIL CONSERVATION DIVISION							
knowledge Signature:	and belief	K	1.	)		Approved by: ORIGINAL SIGNED BY TIM W. GUM							
1 usus ruens							Title: DISTRICT II SUPERVISOR						
Printed name: Rusty Klein						Approval Date: 7 ages 17 0 1005							
Title:		duction	Dec 505 7/0 1/71				JAN 6 1995						
Date: De	cember	22, 1994	T	number and na		rious oper	LOT						
"If this is	s a change of	operator fill is	P RE COKID	SAMPLE SEC US	2. mr hie.	pari							
}	Previo	ous Operator Si	ignature			Print	ed Name				Title	Date	

## IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15,025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator cartifications for changes of operator, property name, well number, transporter, or other such changes.

separate C-104 must be filed for each pool in a multiple

Improperly filled out or incomplete forms may be returned to operators unapproved.

- Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
- Reason for filing code from the following table: NW New Well 3.

NW New Well
RC Recompletion
CH Change of Operator
AO Add oil/condensate transporter
CO Change oil/condensate transporter
AG Add gas transporter
CG Change gas transporter
RT Request for test allowable (Include volume requested)
If for any other reason write that reason in this box.

The API number of this well 4

- The name of the pool for this completion
- The pool code for this pool 6.
- The property code for this completion 7.
- The property name (well name) for this completion 8.
- The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- The bottom hole location of this completion 11.
- Lease code from the following table: 12.

Federal State Fee Jicarilla

- Navajo Uta Mountain Uta Other Indian Tribe
- The producing method code from the following table:
  F Flowing
  P Pumping or other artificial lift 13.

- MO/DA/YR that this completion was first connected to a 14.
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17.
- The gas or oil transporter's OGRID number 18.
- 19. Name and address of the transporter of the product
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
- Product code from the following table:
  O Oil
  G Gas 21.

- The ULSTR location of this POO if it is different from the well completion location and a short description of the POO (Example: "Battery A", "Jones CPD",etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will sesign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the 24. stion location and a short description of the POD "Battery A Water Tank", "Jones CPD Water
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30 Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and 32. bottom.
- Number of sacks of cement used per casing string 33.

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced 34
- MO/DA/YR that gas was first produced into a pipeline 35.
- MO/DA/YR that the following test was completed 36.
- Length in hours of the test 37.
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells
- Diameter of the choke used in the test 40.
- Barrels of oil produced during the test
- Barrels of water produced during the test 42.
- 43. MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D

The method used to test the well: 45.

F Flowing
P Pumping
S Swabbing
If other method please write it in.

- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 48.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.

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