STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY
JAN 27 1984
O. C. D.
ARTESIA OFFICE

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DISTRIBUTION		
SANTA FE	✓	
FILE	✓	
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR		
PRORATION OFFICE		

Operator Yates Petroleum Corporation ✓

Address 207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well [X]   Change in Transporter of:
Recompletion [ ]   Oil [ ]   Dry Gas [ ]
Change in Ownership [ ]   Casinghead Gas [ ]   Condensate [ ]

Other (Please explain)

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Bonnie YM	1	Penasco Draw SA-Yeso Associated	State, Federal or Fee Fee	

Location

Unit Letter __N__ ; __990__ Feet From The __South__ Line and __2310__ Feet From The __West__

Line of Section __26__ Township __18S__ Range __25E__ , NMPM, __Eddy__ County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]

Navajo Crude Oil Purchasing Co.

Address (Give address to which approved copy of this form is to be sent)
P.O. Box 159, Artesia, NM 88210

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]

Yates Petroleum Corporation

Address (Give address to which approved copy of this form is to be sent)
207 S. 4th, Artesia, NM 88210

If well produces oil or liquids, give location of tanks.	Unit N	Sec. 26	Twp. 18s	Rge. 25e	Is gas actually connected? Yes	When January 27, 1984

If 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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.

Date Spudded 12-7-84	Date Compl. Ready to Prod. 1-17-84	Total Depth 3250'	P.B.T.D. 3107'
Elevations (DF, RKB, RT, GR, etc.) 3486' GR	Name of Producing Formation Yeso	Top Oil/Gas Pay 2148'	Tubing Depth 2765'
Perforations 2148-3163'			Depth Casing Shoe 3250'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	395'	400
12-1/4"	8-5/8"	1090'	780
7-7/8"	5-1/2"	3250'	550
	2-7/8"	2765'	

TEST DATA AND REQUEST FOR ALLOWABLE
(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)

OIL WELL

Date First New Oil Run To Tanks 1-14-84	Date of Test 1-17-84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 25#	Casing Pressure 25#	Choke Size Open
Actual Prod. During Test 61.8	Oil - Bbls. 19.8	Water - Bbls. 42 BLW	Gas - MCF 99

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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)
Production Supervisor
(Title)

1-25-84
(Date)

OIL CONSERVATION DIVISION

JAN 3 1 1984

APPROVED _____ , 19 __

BY _Mike Williams_

TITLE **OIL AND GAS INSPECTOR**

This form is to be filed in compliance with Rule 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.