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Appropriate District Office
DISTRICT I

State of New Mexico

Energy, Minerals and Natural Resources Department

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

DİŞTRİCT I P.O. Box 1980, Hobbs, NM 88240	. r . W		mr^	*****	N T		at Botton		7	
DISTRICT II	1003OIT C	ONSERVA	TION D	171210	N				(
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210	- 1000 . - Sai	P.O. Bo nta Fe, New Me	x ∠ubb xico 8750	4-2088						
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 1874164			•							
I.	HEQUEST FO	OR ALLOWAB INSPORT OIL	LE AND A TAN DNA	URAL GA	LATION S					
Operator	Operator				Well API No.					
YATES PETROLEUM CO	RPORATION				30-	<u>-015–2718</u>	39			
Address 105 South 4th St.,	Artesia, NM	88210								
Reason(s) for Filing (Check proper box)			لسبين	r (Please expla						
New Well K	Change in	Transporter of: Dry Gas	-	. —	_	n LACT lo 3, Sec. 2				
Change in Operator	Casinghead Gas	Condensate	KOSS LO		, 01110					
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LEASE									
Lease Name		Pool Name, Including North Dag		II/Pann	Kind o State, l	l Lease Søderal/or Fee	Le	ase No.		
Patriot AIZ Com Location		NOI LII Dag	ger braw	o/reini	1777	1717				
Unit Letter O	. 760	Feet From The	outh Line	and198	30 Fe	t From The	East	Li	ne	
20	n 19S	Range 25E	NB	ІРМ ,	Eddy			County		
Section 20 Townshi	р 193	Range 23E	, 1414	1111,	Dau					
III. DESIGNATION OF TRAN	on Conden		RAL GAS	address to wh	ich approved	copy of this for	m is to be ser	ut)		
Name of Authorized Transporter of Oil Amoco Pipeline Co. Amoco Pipeline Interc	LX_XI	<u> </u>	502 N.	West Ave	enue, Le	velland,	TX 79	336		
Name of Authorized Transporter of Casin	ghead Gas XX	or Dry Gas	Address (Give address to which approved copy of this form is to be sent) 105 South 4th St., Artesia, NM 88210							
If well produces oil or liquids,	es Petroleum Corporation produces oil or liquids. Unit Sec. Twp. Rge			Is gas actually connected? When			COLIO			
give location of tanks.	0 20	19s 25e	Yes			-20-93				
If this production is commingled with that IV. COMPLETION DATA	from any other lease or	pool, give commingl	ing order numb	er:						
	Oil Well		New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res	v	
Designate Type of Completion	Date Compl. Ready to		Total Depth		<u> </u>	P.B.T.D.		1		
Date Spudded 12-23-93	1-20-93		8250'			8150'				
Elevations (DF, RKB, RT, GR, etc.) Name of Produc		ormation	Top Oil/Gas Pay 7645			Tubing Depth 7581				
3523 GR Perforations	Canyon	Canyon						Depth Casing Shoe		
7645-7649'			CONT. AND TOTAL	VA DECOR	<u> </u>	8250	-,			
UOLE 0175	TUBING,	CASING AND	CEMENTI	DEPTH SET		S	ACKS CEME	ENT		
HOLE SIZE 26"	20"		40 *			Redi-Mix				
14-3/4"	9-5/8"		1108' 8250'			1000 sx -circulated				
8-3/4"	 		84	250			V tool			
V. TEST DATA AND REQUE	ST FOR ALLOW	ABLE			amable for thi	e denth or he fo	e full 24 hou	re.)		
OIL WELL (Test must be after a Date First New Oil Run To Tank	recovery of total volume	of load oil and musi	Producing M	ethod (Flow, p	ump, gas lift, e	etc.)	Pos	FID-	2	
1-20-93	1-20-93		Flowing			2-5-93 Choke Size 2-49 4 BN				
Length of Test	Tubing Pressure		Casing Pressure Pkr			1/2"				
24 hrs Actual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF			_	
565	285		280			1274				
GAS WELL			Dhie Co-de-	sote MMCE		Gravity of C	ondensate			
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF							
Testing Method (pitot, back pr.)	Tubing Pressure (Shi	Casing Pressure (Shut-in)			Choke Size	Choke Size				
VI. OPERATOR CERTIFIC	ATE OF COM	PLIANCE	1	011 001		ATION		781		
i hereby certify that the rules and regu	ulations of the Oil Conse	ervation	- '	OIL COI	NSERV	ATION I	אפועוכ	אוע		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Date Approved			JAN	JAN 2 9 1993			
9			Date	2 Whhing	···					
wante of	Loodlett	·	∥ By_			L SIGNED	BY			
Juanita Goodlett - Production Supvr.					MIKE WI	LLIAMS ISOR, DIST	TRICT IF			
V D * 4 \$7		Title	II "T":Ala		IN T	,,				

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

(505)

Printed Name

1-31**-**93

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

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

Title

748-1471

Telephone No.

- 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.