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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Ī.					L AND NA							
Operator									API No.			
YATES PETROLEUM	CORPORATION								30-025-	30700		
Address 105 South 4th St	., Artesia,	NM 8	8210	)								
Reason(s) for Filing (Check proper bo					Oth	er (Ple	ase expla	OASIN	GHEAD G	SAS MUST	NOT BE	
New Well		ge in Tra	•	er of:						4-/3	-90	
Recompletion $\Box$	Oil		ry Gas					FLARI	CO AN EY	CEPTION	TO R-4070	
Change in Operator	Casinghead Gas		ondensa		IN THE BO	<u> </u>		UNSE 10 OB	TAINED.	.061 11011		
f change of operator give name and address of previous operator	THIS WELL	HAS B	BEEN BW. H	PLACED F YOU (	IN THE PO	ICUR OL		15 00	HAINED.			
I. DESCRIPTION OF WEI	I. AND THASE	IS OFF	ICE.									
Lease Name	Well	No. Po	ol Nan	ne, Includ	ing Formation	$\overline{\lambda}$	1-919		of Lease		.ease No.	
Woodstock State Unit	: 1		Fl	ying N	M Penn	Γ.	11/0	State	Foderal of Po	* V-1	.259	
Location						-	777	_				
Unit Letter P	:660	Fe	et Fron	n The	South Lin	e and _	54	<u> </u>	eet From The	East	Line	
Section 5 Town	nship 9S	Ra	inge	33E	, N	мрм,			Le	a	County	
II. DESIGNATION OF TR	ANSPORTER O	F OIL	AND	NATTI	RAL GAS							
Name of Authorized Transporter of O		ondensate				e addr	ess to wh	ich approved	copy of this	form is to be s	eni)	
PERMIAN	₽A		L		1				77001			
Name of Authorized Transporter of Ca Warren Petroleum Co		ead Gas XX or Dry Gas				Address (Give address to which approved Box 1589, Tulsa, OK 7						
If well produces oil or liquids,	Unit Sec.	Tw	vp.	Rge.	Is gas actually connected?			When	Vhen ?			
ive location of tanks.	P 5		9s	33e	No				approx.	2 weeks		
f this production is commingled with t	hat from any other leas	se or pool	l, give	comming	ling order num	ber:						
V. COMPLETION DATA	lou	337-11	1 6	- 11/-11	1 Nov. 17/-11	l w-			Dive Deels	Cama Basin	Diff Parks	
Designate Type of Completi	on - (X)	Well X	<u>i</u>	s Well	New Well	Wor	kover	Deepen	İ,	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth				P.B.T.D. 9769'			
10-31-89	2-20-90  Name of Producing Formation				9875 Top Oil/Gas Pay				Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) 4387.5 GR	Penn	ng ronna	ation		1 -	260'	,		lubing Dep	our		
Perforations	1 Cilit				19	200	-		Depth Casii	ng Shoe		
9260-9371'										875 <b>'</b>		
	TUBI	NG, CA	ASIN	G AND	CEMENTI	NG R	ECOR	D				
HOLE SIZE	CASING	CASING & TUBING SIZE			DEPTH SET					SACKS CEN	ENT	
12¼"	8-5	8-5/8"			1873'					950 sx		
7-7/8"		5½" 2-7/8"				9875' 9236'				725 sx		
	2-7											
- moom by my AND DEOL	INCOR POD ALL	NULL DE	T 12		1							
V. TEST DATA AND REQU	JEST FUR ALL ter recovery of total vol			and much	the equal to or	*****	ton alla	wable for th	is denth or he	for full 24 hos	urc)	
OIL WELL (Test must be aft Date First New Oil Run To Tank	Date of Test	une of te	odu ou	aria rriasi						joi jan 27 1101		
2-13-90   2-20-90					Producing Method (Flow, pump, gas lift, etc.) Pumping							
Length of Test	Tubing Pressure	Tubing Pressure				Casing Pressure				Choke Size		
24 hrs	1 -	30			30				0	pen		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.				Gas- MCF	Gas- MCF		
282	43	43				239				150		
GAS WELL												
Actual Prod. Test - MCF/D	Length of Test	Length of Test				Bbls, Condensate/MMCF				Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size		
				· · · · · · · · · · · · · · · · · · ·	-\r							
VI. OPERATOR CERTIF				CE	(	)II	CON	ISFRV	ATION	DIVISIO	NC	
I hereby certify that the rules and re	egulations of the Oil Co	onservatio	on			<b>→</b>   L	J U I V					
Division have been complied with a is true and complete to the best of a	and that the information my knowledge and beli	n given a ief.	ouve			. A -		لہ	FE	3 2 6 19	990	
is true and complete to the oest of t	()	• •			Date	App	orove					
Charter 1x			<b>^</b> !	RIGINAL S	HONED BY	JERRY SE	KION					
Signature	20-ollis		<del></del>	<del></del>	∥ By_			DIST	RICT I SU	ERVISOR		
Signature Juanita Goodlett	- Production							*				
Printed Name	(505)	Tit 748-			Title		<u> </u>					
2-22-90	(202)	Telepho			11							

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.

