5 Copies riate District Office CLI	State of New Mexico Energy, Minerals and Natural Resources Department					Form C-104 Revised 1-1-89 See Instructions at Bottom of Page	
x 1980, Hobbs, NM 88240	OLCO	NSERVAT	ION DIVISION				
CT II awer DD, Antesia, NM 88210		P.O. Box	2088 ico 87504-2088				
io Brazos Rd., Aziec, NM 87410	REQUEST FOR	ALLOWABL	E AND AUTHORIZAT				
or	10 1840	51 0111 0127		Weil API	No.		
Yates Drilling Compa	ny			1			
105 S, 4th Street, A	TTACIA NM 8	8210					
(s) for Filing (Check proper box)			Other (Please explain)				
Vell		ransporter of:	Effective 1/1/	91			
e in Operator	Casinghead Gas 🔲 (	Condensate					
Re of operator give name dress of previous operator			<u> </u>				
FSCRIPTION OF WELL A	- Repression	Kind of Lesse Lesse No.					
Name illie M. Yates <del>Federa</del>	Name Well No. 1'ool Name, including				deral or Fee	NM-032	83
ion						<b>TT</b> = = <b>t</b>	
Unit LetterN	:660	Feet From The _S	outh_Line and1924.	6 Feel	From The	West	Lind
EGHA Endiny Operating	an 85	Range 37E	NMMM, ROO	sevelt_			County
Effective 4 1-94 DESIGNATION OF TRAN	EOTT Energ	y Corp.	DAT CAS			_	
DESIGNATION OF TRAN			1				)
ron 0il Trading & Tr	Ansportation	<u></u>	P.O. Box 1188. H	ouston.	TX 772	251–1188 em is 10 be sen	
e of Authorized Transporter of Casing	jucad Gas 🔛	or Dry Gas	Address (Unve badaress to with				
ell produces oil or liquids, Unit Sec. Twp. R			1				
location of tanks. s production is commingled with that	M 31	8S 37E	ling order number:	I			
COMPLETION DATA			New Well   Workover	Deepen	Phug Back	Same Res'v	Diff Res'
Designate Type of Completion	- (X) 1	II Gas Well	New Well   Workover	Dala		l	i
e Spuided	Date Compl. Ready t	o Prod.	Total Depth		P.B.T.D.		
uons (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth		
Vauons (I)F, KKII, KI, GH, CD.						Depth Casing Shoe	
Torations							
	TUBINC	, CASING ANI	CEMENTING RECOR	D		SACKS CEM	ENT
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET				
TEST DATA AND REQU	EST FOR ALLOV	VABLE			in death on h	e for full 24 hou	urt)
IL WELL (Test must be after	r recovery of total volum	ne of load oil and m	ust be equal to or exceed top all Producing Method (Flow, p	ump, gas lift,	elc.)	. ju j=:	
ate Fina New Oit Run To Tank	Date of Test				Choke Siz		
ength of Test	Tubing Pressure		Casing Pressure	Casing Pressure			
al Prod. During Test Oil - Bbls.		Water - Ibla.		Gas- MCF			
GAS WELL			Buls. Condensate/MMCF		Gravity o	of Condensate	
Actual Prod. Test - MCI/D	Length of Test				Choke Size		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)				
VI. OPERATOR CERTIF	CATE OF CO	MPLIANCE					
the subscreening that the niles and t	regulations of the Oil Co	nousvrsano		NJEH		Ņ DIVIS	
Division have been complied with is true and complete to the best of	and that the information	n given augve	Date Approv	/ed			
			11				
Kaven J. Les			—    By	<del></del>	·		
Signiture Karen J. Leishman	n Prod	uction Cler	<u>k</u>    Title				
Printed Name		1100	11 I IIIe				
12-21-90	(505	) 748-1471 Telephone No.					

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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 INSTRUCTIONS: This form is to be filed

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2) All sections of this form must be filled out for allowable on new and recompleted wells.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) All sections of this form must be filled out for allowable on new and recompleted wells.
3) All sections of this form must be filled out for allowable on new and recompleted wells.
4) All sections of this form must be filled out for allowable on new and recompleted wells.
5) All sections of this form must be filled out for changes of operator, well name or number, transporter, or other such changes.