Form 3160-5 (June 1990) FORM APPROVED DEFARITMENT OF THE INTERIOR OF B5, M244 BUREAU OF LAND MANAGEMENT FORM APPROVED Budget Bureau No. 1004-0135 Express March 31, 1993 Do not use this form for propagals to drill or to deetly and jeentry to a different reservoir. Use "APPLICATION FOR PERMIT-" for such proposals S. Lease Designation and Serial No. NM-0328.3 Do not use this form for propagals to drill or to deetly and jeentry to a different reservoir. Use "APPLICATION FOR PERMIT-" for such proposals S. Lease Designation I Type of Well Oil Oil Oil Oil Oil Oil Oil Oil Ogas SUBMIT IN TRIPLICATE 7. If Unit or CA Agreement Designation 1. Type of Well Oil Oil Oil Oil Oil Oil Oil Oil Oil O			a com / a second a s			
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Altering Casing Conversion to Injection Conversion to Injection Dispose Water (Note: Report multiple completion on Well completion or Recompletion Report and Log Form)	Subsequent Report	Plugging Back	Non-Routine Fracturing			
Image: Second	Final Abandonment Notice	Casing Repair	Water Shut-Off			
(Note : Report results of multiple completion on Well completion or Recompletion Report and Log Form)			Conversion to Injection			
completion or Recompletion Report and Log Form)		X Other <u>Return to Prod.</u>				
	12. D		(Note : Report results of multiple completion on Well completion or Recompletion Report and Log Form)			

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

2-10-95 Return this well to production through existing perforations.

14. I hereby certify that the foregoing is true and correct	Pr Crep to
Signed Kanen & Leshman	Title Production Clerk W Chlerk - 2-10-95
(This space for Federal or State office use)	
Approved by Conditions of approval, if any:	Title FEB_15_52
	$\underline{\qquad} \qquad 40 \ 1995$
Title 18 U.S.C. Section 1001, makes it a crime for any person kno representations as to any matter within its jurisdiction.	nowingly and willfully to make to any department of agency of the United States any false, fictitious or fraudulent statements or
	*See Instruction on Reverse Side CRCE ANE NO

— Submit 5 Copies Appropriate District Office DISTRICT I		New Mexico Itural Resources Department		Form C-104 Revised 1-1-89 See Instructions
O. Box 1980, Hobbs, NM 88240	OIL CONSERV	ATION DIVISION		at Bottom of Page
ISTRICT II O. Drawer DD, Artesia, NM 88210	P.O. F	30x 2088		
USTRICT III VVV Rio Brzzos Rd., Aztec, NM 87410	Santa Fe, New N	1exico 87504-2088		
	REQUEST FOR ALLOWA		ION	
Dierator	TO TRANSPORT OF	LAND NATURAL GAS	Well AP! No.	
Yates Drilling Co	ompany			
Address				
105 South 4th Str teason(s) for Filing (Check proper box)	reet, Artesia, NM 88210) Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion Li Change in Operator Li	Oil X Dry Gas Casinghead Gas Condensate	Effective 1/1/91		
change of operator give name				
ad address of previous operator				
I. DESCRIPTION OF WELL	Well No. Pool Name, Inclu	ding Formation	Kind of Lease	Lease No.
Lillie M. Yates Feder		-	State, Federal or Federal	
ocation				
Unit Letter F	_ :1980 Feet From The _	North Line and192	4 Feet From The .	WestLine
Section 31 Townshi	p 8S Range 37	E NMPM, Ro	osevelt	County
II. DESIGNATION OF TRAN	ICHORITED OF OU AND NAT	URAL GAS		
II. DESIGNATION OF TRAN Name of Autoon 200 Waltsporter of Oil	EUT Elecondentare P.	Address (Give address to which a	pproved copy of this f	orm is to be sent)
Enron 011 Trading & Tr		P.O. Box 1188, Hou		
lame of Authorized Transporter of Casing	ghead Gas [] or Dry Gas []] Address (Give address to which a	pproved copy of this f	orm is to be sent)
f well produces oil or liquids,	Unit Sec. Twp. Rg	c. Is gas actually connected?	When ?	
ve location of tanks.	<u> M 31 85 37E</u>	،	l	
V. COMPLETION DATA	from any other lease or pool, give commin	ging oxier number:		
Designate Type of Completion	- OO	New Well Workover D	eepen Plug Back	Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth] 	<u>l</u>
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top On Gas Pay	op Oil/Gas Pay Tubing Depth	
Perforations			Depth Casin	ng Shoe
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD		SACKS CEMENT
	ST FOR ALLOWABLE			
DIL WELL (Test must be after a	recovery of total volume of load oil and m			for full 24 hours.)
DIL WELL (Test must be after a		ust be equal to or exceed top allowabl Producing Method (Flow, pump, g		for full 24 hours.)
DIL WELL (Test must be after i Date First New Oil Run To Tank	recovery of total volume of load oil and m			
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Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
All sections of this form must be filled out for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.

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