Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Yates Drilling Company 105 South 4th Street, Artesia, NM 88210 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: X Dry Gas Recompletion Effective 1/1/91 Change in Operator Casinghead Gas
Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. Lillie M. Yates Federal State, Federal or Fee 3 NM-03283 Allison Penn Location 1980 Feet From The North Line and 1924 Feet From The West Range 37E Township 88 , NMPM, _Roosevelt III. DESIGNATION OF TRANSPORTER OF ON AND NATURAL GAS
Name of Authorized Transporter of Oil

Address (Gi Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Enron 011 Trading & Transfective 1-1-93 P.O. Box 1188, Houston, TX 77251-1188 Name of Authorized Transporter of Cazinghead Gas Address (Give address to which approved copy of this form is to be sent) If well produces oil or liquids, give location of tanks. Unit I Sec. When ? Twp. Rge. Is gas actually connected? 1_31 L_8s_I 37E NO If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back | Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth Date Soudded Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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.) Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Gas- MCF Water - Bbls. Oil - Bbls. GAS WELL Actual Prod. Test - MCF/D Length of Test Ibls. Condensate/MMCF Gravity of Condensate Festing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above (if C is true and complete to the best of my knowledge and belief. Date Approved . Lushman Marien C+25+25+1.4 1.515 Signature Karen J. By_ Leishman Production Clerk

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

(505)

Printed Name

12**-**21-90

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

- 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.

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DEC