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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., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TO	TRAN	SPO	RT OIL A	ND NATU	RAL GAS	Well API				
rator							No.				
YATES PETROLEUM COR	PORATIO	<u> </u>					_1				
lress 105 South 4th St., A	Artesia,	NM	8821	0							
son(s) for Filing (Check proper box)				4 46	Other	Please explain	J				
w Well	Oil Cr	ange in T	ranspor Dry Gas		Effe	ective Da	ate: 2-1	-92			
completion	Casinghead C	_	Condens								
nange of operator give name											
address of previous operator	ND LEAC	E.									
DESCRIPTION OF WELL AND LEASE ALE Name Well No. Pool Name, Inc.							Care To	Kind of Lease State, Federal or Fee		Lease No. LC 068124	
. Harris Federal		2	Unc	les. San	-Andres	De Hon	my plate	1121 41 79	TC (766124	
cation	1000			No	orth	. 1980	T	From The _	East	Line	
Unit LetterG	: 1980		Feet Fr	om The	Line		Feet	rom the _			
Section 22 Township	, 7S		Range	35F	. , N M	PM,	Roosev	relt		County	
I. DESIGNATION OF TRAN	SPORTER	OF OI	LAN	D NATUE	Address (Give	address to whi	ich approved (opy of this fo	orm is to be se	น)	
ame of Authorized Transporter of Oil	$\sum_{\text{ansports}} E0$	tion	ergy	Corp.	P.O. Bo	x 1188,	Houston	, TX 7	7151-118	8	
ame of Authorized Transporter of Oil In ron Oil Trading & Tr Jame of Authorized Transporter of Casing	Ealas II	Egy V	क्षिप्रोह	Sa d	Address (Giw	address to wh	ich approved	copy of this fo	orm is to be se	៧)	
	_ Effecti	Effective 1-1-93			Is gas actually connected? When			?			
well produces oil or liquids, ve location of tanks.	Unit G	Unit Sec. Tw G 122 17		1 35	No No						
this production is commingled with that	from any other	r lease or	pool, g	ive commingl	ing order num	er:					
V. COMPLETION DATA						Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Wel	1	Gas Well	New Well	MOIROVEI	Dupa	l ling basi		_i	
Designate Type of Completion	Date Comp	I. Ready t	o Prod.		Total Depth	l 		P.B.T.D.			
Jak Spaan						Top Oil/Gas Pay			Tubing Depth		
vations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Old Oas Fay			Tubing Depth				
Perforations					<u> </u>	<u></u>		Depth Casi	ng Shoe		
f f											
TUBING, CASING AND					DEPTH SET			η	SACKS CEMENT		
HOLE SIZE	CA	CASING & TUBING SIZE				DEF III GE I					
	CON FOR	ATT ON	VADI	E	1						
V. TEST DATA AND REQUI	EST FOR A	alluvolum otal volum	v ABL ve of l∝	ad oil and mu	si be equal to	or exceed top a	llowable for th	is depth or b	e for full 24 ho	ours.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of To				Producing ?	Method (Flow,	pump, gas lift,	etc.)			
						Casing Pressure			Choke Size		
ength of Test Tubing Pressure				Carring 1 seems							
Actual Prod. During Test	Oil - Bbls.			Water - Bb	Water - Bbis.			Gas- MCF			
GAS WELL					IDEL Con	lensate/MMCF		Gravity (of Condensate		
Actual Prod. Test - MCF/D	Length o	Length of Test				Bolt. Condensate Whyte:					
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke S	Choke Size			
1 string tention (base) seem by A											
VI. OPERATOR CERTIF	ICATE C	F CO	MPLI	LANCE			NSER'	VATIO	N DIVIS	ION	
I hereby certify that the rules and r Division have been complied with	egulations of t	he Oil Co	aservati	io a	\parallel		- · · - · ·		N 2 3 '9		
Division have been complied with is true and complete to the best of	my knowledge	and belie	ef.		Da	ate Appro	ved	<u> </u>		۷	
	.				11				لادب		
Quanita Sordett/si					- B	By ORIGINAL SIGNAL - BISTRICT I SUPERVISOR					
Signature Juanita Goodlett	- Produ	uction			11						
Printed Name 1-17-92		(505)	-	ide -1471	T	tle					
エーエノーフム		<u>, , , , , , , , , , , , , , , , , , , </u>		none No.	- []						

- 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.