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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|---|---|--|
| Operator YATES PETROLEUM CORPORATION | | Well API No. 30-041-20841 |
| Address 105 SOUTH 4th STREET, ARTESIA, NM 88210 | | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | Approval to have casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM) |
| Recompletion <input type="checkbox"/> | | |
| Change in Operator <input type="checkbox"/> | | |
| If change of operator give name and address of previous operator | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|--|-----------------------|
| Lease Name Crossroads AFX Federal | Well No. 1 | Pool Name, including Formation Wildcat Wolfcamp | Kind of Lease State, Federal or Fee | Lease No. NM 57700 |
| Location Unit Letter <u>P</u> : <u>330</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line Section <u>22</u> Township <u>7S</u> Range <u>35E</u> , NMPM, <u>Roosevelt</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|------------|------------|-------------|----------------------------------|--------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Pride Pipeline Co. | Address (Give address to which approved copy of this form is to be sent) PO Box 2436, Abilene, TX 79604 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | 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 P | Sec. 22 | Twp. 7s | Rge. 35e | Is gas actually connected? No | When ? |

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

| | | | | | | | | |
|--|--|----------|--|----------|----------------------------|-----------|------------|------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded 12-28-88 | Date Compl. Ready to Prod. 2-22-89 | | Total Depth 8100' | | P.B.T.D. 7642' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 4194.6' GR | Name of Producing Formation Wolfcamp | | Top Oil/Gas Pay 7594' | | Tubing Depth 7557' | | | |
| Perforations 7594-97'; 7610-16' | | | | | Depth Casing Shoe 8100' | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 26" | 20" | | 37' | | Redi-Mix | | | |
| 17 1/2" | 13-3/8" | | 332' | | 375 sx | | | |
| 11" | 8-5/8" | | 3515' | | 1250 sx | | | |
| 7-7/8" | 5 1/2" | | 8100' | | 7-7/8" | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE 2-7/8" 7557'

| | | | |
|---|-------------------------|--|-----------------------------|
| 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 2-13-89 | Date of Test 2-22-89 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24 hrs | Tubing Pressure 25 | Casing Pressure 25 | Choke Size Open |
| Actual Prod. During Test 110 | Oil - Bbls. 94 | Water - Bbls. 16 | Gas - MCF 30 (estimated) |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Juanita Goodlett
Printed Name JUANITA GOODLETT - PRODUCTION SUPVR.
Date 2-23-89 Title (505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 27 1989

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

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) Form C-104 must be filed for each pool in multiply completed wells.

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