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

State of New Mexico ergy, Minerals and Natural Resources Departs.

Form C-104 Revised 1-1-89 See Instructions at Buttum of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Scatte For New Marion, 87504 2088

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

Santa Fe, New Mexico 87504-2088

1000 RIO BIZZA RE, AZICE, INM. 8/410					BLE AND A						
l.	<u> </u>	O TRAI	NSPC	ORT OIL	AND NAT	FURAL GA		SINT.			
Person France Composition							Well API No.				
Yates Energy Corporat	.10n				<u> </u>						
P. O. Box 2323, Roswe	11. NM	88202-	-2323	3							
Reason(s) for Filing (Check proper box)	,				Othe	s (Please expla	in)	<del></del>	·		
New Well		Change in T									
Recompletion [_]	Oil	C	Dry Gas								
Change in Operator	Casinghead	Gas []	Condens	ate					······································		
and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name				ol Name, Including Formation				Kind of Lease Lease No.			
Graves	2		Cato Sar		n Andres		State,	State, Federal or Fee		Fee	
Location K	198	0		9	South	198	30		West		
Unit Letter	- :		Feet Fro	m The	Line	and	Fc	ct From The _		Line	
Section 6 Township	8S		Range	31E	. NN	лРМ,	Chaves	6		County	
III. DESIGNATION OF TRAN	SPORTE			) NATU					<del></del>		
Name of Authorized Transporter of Oil X or Condensate					Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, TX 77251-1188						
Enron Oil Trading & Transportation  Name of Authorized Transporter of Casinghead Cas X or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Cattles Service					P. O. Box 300, Tulsa, OK 74102					· <b>-/</b>	
If well produces oil or liquids, give location of tanks.	Unit	,						3/2/79			
If this production is commingled with that	from any oth	er lease or p	ool, give	commingl	ing order numb	er:					
IV. COMPLETION DATA					·.·						
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					L			Depth Casing Shoe			
	т	TIRING (	CASIN	IC AND	CEMENTIN	NC BECOR	n	<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			9	SACKS CEMENT			
V. TEST DATA AND REQUES	 ST FOO A	17 7.W.	in is					1		*	
OIL WELL (Test must be after r				il and must	be equal to or	exceed top allo	owable for thi	s depth or be t	for full 24 hou	es.)	
Date First New Oil Run To Tank		thod (Flow, pu									
Length of Test	Tubing Pressure			Casing Pressure			Choke Size	Choke Size			
Actual Prod. During Test	Oil - Bbls.			<del></del>	Water - Bbls			Gas- MCF			
ration from During Feet	Ou - Buis.				Water - Boile						
GAS WELL	<del></del>				L		<del></del>	.1		<del></del>	
Actual Prod. Test - MCF/D	Length of	Test		-	Bbls. Conden	sale/MMCF		Gravity of C	ondensate		
	•										
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shul-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMP	IIAN	ICE	11						
I hereby certify that the rules and regul	_			~		DIL CON	<b>ISERV</b>	ATION	DIVISIO	NC	
Division have been complied with and that the information given above					APR ** 3 1990						
is true and complete to the best of my	knowledge an	nd belief.			Date	Approve	d	711/	ं । । । ।	J	
4 02		nn									
Sundire Hamely H					By ORIGINAL SIGNED BY JERRY SEXTON						
Sharon R. Hamilton			ndman				DISTRI	CT   SUPER	EKKT SEXTI	אָט	
Printed Name		505/62	Title	35	Title			EN			
3-27-90 Dale			phone N								

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.

RECEIVED

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OCO HOBBS OFFICE