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

State of New Mexico

E. y, Minerals and Natural Resources Departma

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

RECEIVED

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

Santa Fe, New Mexico 87504-2088

OCT - 3 1991

I.	REQ					AUTHOF	242) O.	- 0 1331 C. D.		
I. TO TRANSPORT OF						MIONAL	Wel	Well API No TESIA OFFICE			
Yates Energy Corporation Address								3D-005-20607			
P. O. Box 2323, Rosw		88202	-232	3							
Reason(s) for Filing (Check proper box) New Well	1	~	- ~		0	ther (Please exp	plain)				
Recompletion	Oil	Change i	Dry	porter of:							
Change in Operator	Casinghe	ad Gas X		iensate [
If change of operator give name and address of previous operator								·	······································	· · · · · · · · · · · · · · · · · · ·	
II. DESCRIPTION OF WELI	ANDIE	ACE			······································				· · · ·		
Lease Name Well No. Pool Name, Include							I Via	l of I and	of Lease No.		
Graves		7	C.	ato San	Andres	=		, Federal or Fe		e No.	
Location	1.0				_			·····		·	
Unit LetterI	_:19	80	_ Feet !	From The	South L	ine and $\frac{6}{}$	60I	ect From The	East	Line	
Section 6 Towns	hi p 8S	·	Range	e 31E	1	NMPM,	Chaves	*.		County	
III. DESIGNATION OF TRA	NSPORTE	ER OF O	IL Al	ND NATU	IRAL GAS	•					
realise of Authorized Transporter of Oil						Address (Give address to which approved copy of this form is to be sent)					
Enron Oil Trading & Transportation. Name of Authorized Transporter of Casinghest Cas CIVE 1-102-19 Cas					P. O. Box 1188, Houston, TX 77251-1188 Address (Give address to which approved copy of this form is to be sent)					38	
Trident NGL, Inc.	, car	P. O.	Box 502!	which approve 50. Midl	and, TX 79710						
If well produces oil or liquids, give location of tanks.	Uait	Sec.	Twp.	Rge.		lly connected?		2/79			
f this production is commingled with the						uber	1 3/	2/13			
V. COMPLETION DATA		-					······································				
Designate Type of Completion	- (X)	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth	-1	.1	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil Gas	Pay	 	Tubing Dept	Tubing Death		
											
								Depth Casin	Shoe		
	T	UBING,	CASI	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET		s	SACKS CEMENT		
····					ļ			-			
				·····	l						
. TEST DATA AND REQUE	ST EAD A	117507	ini is								
					he equal to or	r arcaal ton all	amable for th				
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lýi, etc.)					
ength of Test	 							_		1	
sugai di 164	Tubing Pressure				Casing Press	nue		Choke Size	Choke Size		
icinal Prod. During Test	Oil - Bbls.				Water - Bbls			Gas- MCF	Gas- MCF		
	<u> </u>										
GAS WELL											
ctual Prod. Test - MCF/D	Length of Test				libis. Coaden	MAICF		Gravity of Co	Gravity of Condensate		
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFIC				ICE			10501	A TION 6			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my l	nowledge an	d belief.		,	Data	Anneas	d		.1		
				:	Dale	Approve					
Signatura Jones					By Paul Kautz Geologist						
JuLynn Jones Land Secretary					-, -	_ G eolo	gist				
Printed Name 10/2/91	(50	-623 (5)	Title 4935		Title.						
Date			lione N		1						

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.

