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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., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well A	API No.			
YATES PETROLEUM CORP	ORATIO	N					30	-005-206	594		
Address											
105 South 4th St., A	rtesia	, NM 8	38210	)							
Reason(s) for Filing (Check proper box)					Oth	er (Please expla	in)				
Vew Well	Change in Transporter of: EFFECTIVE NOVEMBER 1, 1993 - OIL										
Recompletion	Oil Dry Gas L FEFECTIVE JULY 1, 1993 - GAS										
Change in Operator	Casinghea	d Gas X	Conder	nsate			,				
change of operator give name and address of previous operator											
I. DESCRIPTION OF WELL A	AND LE	ASE					· · · · · · · · · · · · · · · · · · ·				
Lease Name	Well No.   Pool Name, Includi 2 Tom-Tom					Kind of Lease State, Federal/or Fee		ease No.			
Paul LR	2 10m-10m			San Andres			state, reactivity rec				
Location	1000			•							
Unit LetterE	: <u>1980</u>	)	Feet Fr	rom The	lorth Lin	and 660	Fe	et From The	West	Line	
Section 25 Township	. 7s		D	31	F. 37	мрм,	1	Chaves		Country	
Section 25 Township	7.5		Range		- , Nr	MPM,			. <del>                                     </del>	County	
II. DESIGNATION OF TRANS	SPORTE	R OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved co									orm is to be se	nt)	
								uston, TX 77210-4648			
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)										
Warren Petroleum Corporation						1589, T	ulsa, 0	K 74101			
ell produces oil or liquids, Unit Sec. Twp.					_	Is gas actually connected? When ?					
ive location of tanks.	E	25	<u>7s</u>	31E	Yes			2-13-	-82		
this production is commingled with that f	rom any oth	ner lease or	pool, giv	ve comming	ing order num	per:					
V. COMPLETION DATA		lour: ::		<u> </u>	1	1 *** •	1 5	I ni	<u> </u>	hisen:	
Designate Type of Completion -	· (X)	Oil Well	. [ (	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		nl Readu to	) Provi		Total Depth	L	<u> </u>	מידימ	l		
Date Spudded Date Compl. Ready to Prod.					Total Dopul			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
,								Tuoing Deput			
Perforations								Depth Casing Shoe			
		rubing,	CASI	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
	<b></b>							<u> </u>			
TEST DATA AND REQUES								,			
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Te		of load	oil and must			<del></del>		or full 24 how	rs.)	
PAGE THE NEW OIL KUIL TO TANK	Producing Method (Flow, pump, gas lift, etc.)										
ength of Test	Tubing Pressure				Casing Pressure			Choke Size			
Tuonig Freasure											
Actual Prod. During Test	ual Prod. During Test Oil - Bbls.					Water - Bbls.			Gas- MCF		
GAS WELL					A		· · ·	·			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
sting Method (pitot, back pr.)  Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
	-								1		
I. OPERATOR CERTIFICA	ATE OF	COMP	LIAN	ICE.				<del>-                                    </del>			
I hereby certify that the rules and regula	tions of the	Oil Conser	vation			DIL CON	ISERV	ATION	DIVISIC	N	
Division have been complied with and that the information given above					OCT 27 1993						
is true and complete to the best of my k	nowledge a	nd belief.			Date	Approved		~ · IOO			
, Q S.	11					FP. 5 * 6\			·	-	
A canita Do allett					Ru	DRIGINAL SI	CNED BY	IEPDV CEY	CTON		
Signature  Juanita Goodlett - Production Supervisor					Dy	B <b>RIGINAL SI</b>	NCT I CIID	ERVISOR			
Printed Name Title					Tile	DISTRICT I SUPERVISOR					
10-25-93	5(	05/748 <u>-</u>	-1471		Title				· · · · · · · · · · · · · · · · · · ·		
Date		Tele	phone N	√o.							

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.