Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

I.	HEQUI	O TRAI	NSPORT	OIL AND N	D AUTHO	RIZATIO	N		
Operator YATES PETROLEUM			0111	OIL/IIID II	MICHAL		ell API No.		
Address				30-005-2069	4				
105 South 4th St	., Artesia	, NM	88210						
Reason(s) for Filing (Check proper b	ox)				ther (Please e	xplain)			
New Well Recompletion	Change in Transporter of:								
Change in Operator	Oil Casinghead (I LAJ Cas □ C	Ory Gas Condensate	∟ E	FFECTIVE	E 4-1-90)		
If change of operator give name	Campica	J45 (Londensate (
and address of previous operator				· · · · · · · · · · · · · · · · · · ·					
II. DESCRIPTION OF WELL									
Paul LR	W	cli No. P	ool Name, Inc				nd of Lease	Lease No.	
Location			Tom To	m SA		Sta	te, Federal or Fee	FEE	
Unit LetterE	:1980	F	eet From The	North L		0.			
Section 25 Town	nship 7S				ne andOO		Feet From The	West Line	
1000			ange 31E		IMPM,		Chaves	County	
III. DESIGNATION OF TRA	ANSPORTER (OF OIL	AND NAT	TURAL CAS					
Name of Authorized Transporter of Oil	l X or	€04n late	tn erg y (Of Address (Gi	ve address to	vhich approv	ed copy of this form i		
Enron Oil Trading & Name of Authorized Transporter of Ca		_tnec	TIVA I.I	THY THA	DEPT.,	BOX 118	38. HOUSTON	TY 77751 11	
Cities Service Oil C	V 712 -	X) or	Dry Gas	J Address (Gi	ve address to w	vhich approve	d copy of this form i	s to be sent)	
If well produces oil or liquids, give location of tanks.	Box_30	BOX 300, Tulsa, OK 74102							
			7 I 31	Voc		Whe	^{n ?} 2-13-82		
If this production is commingled with th IV. COMPLETION DATA	at from any other lea	ase or pool	, give commi	ngling order num	ber:				
Designate Type of Completio	Oi	l Well	Gas Well	New Well	Workover	Deepen	1 by 2 1-		
Date Spudded					i i oizovei	Deepen	en Plug Back Same Res'v Diff Res'v		
	Date Compl. Re.	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Produci	ing Format	ion	Top Oil/Gas F	Pav .				
Perforations							Tubing Depth		
						*****	Depth Casing Shoe		
	TURE	NG CAS	CINIC AND	OC) CO) toro					
HOLE SIZE	TUBING, CASING ANI CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
	 								
	+								
V. TEST DATA AND REQUED OIL WELL Of the second se	ST FOR ALLO	WABLI	<u>E</u>	·!		·			
Date First New Oil Run To Tank	ecovery of total volu	ume of load	d oil and must	be equal to or ex	cceed top allow	vable for this	depth or be for full 2	4 hours	
	Date of Test	Date of Test			od (Flow, pur	τρ, gas lift, et	:.)		
ength of Test	Tubing Pressure		·	Casing Pressure			Challe Si		
actual Prod. During Test							Choke Size		
Oil - Bbls,			Water - Bbls.			Gas- MCF			
GAS WELL	L								
icinal Prod. Test - MCF/D	Length of Test			Dkla Carl	0.01				
			j	Bbls. Condensate/MMCF			Gravity of Condensate		
ting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
I OPED A TOP CED THE									
I. OPERATOR CERTIFICATION OF THE PROPERTY OF T	ATE OF COM	IPLIAN	VCE	01	00110	· · · · · · · · · · · · · · · · · · ·			
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 beautiful or the land of the				OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief.				Date Approved APR 3 1990					
Misin !			li li	Date A	hhionea		11 0 100		
Signature Cood later Production				ByORIGINAL SIGNED BY JERRY SEXTON.					
Juanita Goodlett - Production Supvr.				DISTRICT I SUPERVISOR					
-27-90 Title (505) 748-1471				Title					
Date		lephone No			4.40	-			
	تحاقل المساجع	4							

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
- 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.