Submit 5 Copies
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

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.					BLE AND						
Operator		IO IHA	NSP	JAT OIL	L AND NA	TURAL G		API No.			
YATES PETROLEUM CO		30-005-				785					
Address 105 South 4th St.,	Artesi:	a. NM	882	10				<u> </u>	<u> </u>	, , ,	
Reason(s) for Filing (Check proper box)	THE CESTE				Oth	cr (Please expl	lain)				
New Well		Change in									
Recompletion	Oil	_	Dry Ga		EF	FECTIVE	4-1-90				
Change in Operator	Casinghead	I Gas	Conder	ısate							
If change of operator give name and address of previous operator				<u>.</u>	17-7	· · · · · · · · · · · · · · · · · · ·					
II. DESCRIPTION OF WELL	AND LEA				·						
Lease Name Paul LR	1 _ 1				luding Formation			Kind of Lease No. State, Federal or Fee REE			
Location			- 10	m Tom	SA			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FEE		
Unit Letter A	: 330	60	Feet Fr	rom The No	orth Lin	e and660)· r	eet From The	East	Line	
Section 25 Townshi	P	7 <u>S</u>	Range	31E	E , N	мрм,		Chaves	··· ·-	County	
III. DESIGNATION OF TRAN	SPORTEI	R OF OU	L AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil		dr Condens		v Gorp.	Address (Giv	e address to w	hich approve	d copy of this j	orm is to be s	ens)	
Enron Oil Trading & Tr	ansport	25487	Ca. 1	1.03	ATT: TAX DEPT., BOX 118			8, HOUSTON, TX 77251-118			
Name of Authorized Transporter of Casing	70.19	N. C.	or Dry	Gas				d copy of this f	form is to be s	ens)	
Cities Service Oil Co. If well produces oil or liquids,	Sec. Twp. Rge.			Box 300, Tulsa, OK Is gas actually connected?			74102 When?				
give location of tanks.	Unit S∞. E 25		7 3		Yes		14116	2-13-82			
If this production is commingled with that	from any other	er lease or p	ool, giv	e comming	ling order num	ber:			•		
IV. COMPLETION DATA		100000			1	l s		-(,	_,	
Designate Type of Completion		Oil Well	_i_	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	i. 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			
		UBING. (CASIN	NG AND	CEMENTI	NG RECOR	D.				
HOLE SIZE	T	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
						·					
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		l						
OIL WELL (Test must be after re				il and must	be equal to or	exceed top allo	owable for th	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test	:			Producing Me	thod (Flow, pi	ımp, gas lift,	eic.)			
Length of Test	Tubing Pressure				Casing Pressu	re	,	Choke Size	Choke Size		
Actual Prod. During Test Oil - Bbls.					Water - Bbls.			Gas- MCF			
1000 20116 100	Oil - Bois.				Water Bola						
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conden	sate/MMCF		Gravity of C	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	СОМРІ	JAN	CE.		N.	 			· · · · · · · · · · · · · · · · · · ·	
VI. OPERATOR CERTIFICATE OF COMPLIANCE Thereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and t	hat the inform	nation given					,	V UU ■	0 1000		
is true and complete to the best of my k	nowiedge and	i Delici.			Date	Approve		APR 👼	<u> </u>		
Juanta Soudlik					Opio						
Signature Juanita Goodlett -	Product	ion Su	pvr.		By_		Dic-	GNED AV		······································	
Printed Name		7	Title		Title			GNED BY J CT I SUPER	ERRY SEXT	0	
327-90 Date	(50		-147						V/SCR	<u> </u>	

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.