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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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		Sar	ita Fe, New I	Mexico 87	7504-2088					
I.	REQU		OR ALLOWA							
I. TO TRANSPORT OIL AND NATURAL GAS Operator							Well API No.			
YATES PETROLEUM CORPORATION								30-005-20786		
105 South 4th St.,	Artesi	a, NM	88210							
Reason(s) for Filing (Check proper box)					Other (Please exp	plain)	··· · · · · · · · · · · · · · · · · ·			
New Well Recompletion	Oi1		Transporter of: Dry Gas	T.	EFFECTIVE	41-00				
Change in Operator	Casinghea		Condensate	1	TILLOTIAE	4-1-90				
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LEA					· · · · · · · · · · · · · · · · · · ·				
Lease Name Paul LR	Well No.	Pool Name, Inclu Tom Tom	I			Kind of Lease Lease No. State, Federal or Fee				
Location	1		TOIN TOIN	<u> </u>			2	FEE		
Unit LetterD	: 66	0	Feet From The _	North 1	ine and 66	90. I	eet From The	West	Line	
Section 25 Township 7S			Range 31E , NMPM,			· · · · · · · · · · · · · · · · · · ·	Chaves County			
III. DESIGNATION OF TRAI	NSPORTE	R OF OI	L AND NATI	JRAL GA	S					
Name of Authorized Transporter of Oil	(X)	or Co de	F Energy	Address (C	ive address to v	vhich approve	d copy of this form	n is to be se	ent)	
Enron Oil Trading & Tr Name of Authorized Transporter of Casin			ective 1-1	ATT TA	X DEPT.,	BOX 118	8, HOUSTO	N, TX	77251-118	
Cities Service Oil Co	rz / W	ZSA	TIVE		ive address to w	vhich approve	d copy of this form	n is to be se	nı)	
If well produces oil or liquids,	Unit Sec. Twp. Rgs			Box 300, Tulsa, OK 74 Is gas actually connected? When						
give location of tanks.	i E	25	7 31	Ye	s	i	2-13-82			
If this production is commingled with that IV. COMPLETION DATA	from any othe	er lease or po	ool, give comming	gling order nu	mber:					
Designate Type of Completion - (X)				New We	II Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded	Date Comp	l. Ready to I	rod.	Total Depti	h		P.B.T.D.		1	
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe		
	าา	UDDIC C	TA CINIC AND	CEL CELT	TVG PEGGE		<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SAC	DADIG OF LEVE		
11022 0122			III OIZL	DEPTH SET			SACKS CEMENT			
				ļ	-					
V. TEST DATA AND REQUES				<u></u>		-				
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Test		load oil and musi	Producing N	or exceed top all Method (Flow, p	owable for thi	s depth or be for j	full 24 hour.	s.)	
- · · · · · · · · · · · · · · · · · · ·	Date of Tex			Trocateing I	riculou (1 10#, p	ար, չա ւկւ, ւ	::)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL	<u></u>			1				-		
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Chut in)			C D (Cl.,, '-)			Otale Sta			
esting intention (puox, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFIC						1055:	ATION: -:			
I hereby certify that the rules and regula Division have been complied with and t	tions of the O	il Conservat	ion		OIL CON	1SERV	ATION DI	VISIO	N	
is true and complete to the best of my k	nowledge and	belief.	avove		- A	اــ	ΔPR ► 3	1990		
4 8					e Approve	a	HEW. 0	1000	, •	
Signature Doo class				By ORIGINAL SIGNED BY JERRY SEXTON						
Juanita Goodlett - Production Supvr. Printed Name Title					•		T I SUPERVISO			
3-27-90	(50	11 7/0		Title						

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.

Telephone No.

- 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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