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

State of New Mexico E ,y, Minerals and Natural Resources Departmen

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

Santa Fe, New Mexico 87504-2088

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

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CO								.PI No.		_
TATES PETROLEON CO				0-005-20793						
ddress	A ** * *	o MM	2221	<u> </u>						
105 South 4th St.,	Artesia	a, NM	0021	<u> </u>	- Oth	a /Blassa amula	:1			
eason(s) for Filing (Check proper box)			_		/ harty	er (Please expla				
lew Well		Change in	_					production	ı.	
ecompletion	Oil		Dry Ga		Request	allowab	le.			
hange in Operator	Casinghead	d Gas	Conden	sate						
change of operator give name ad address of previous operator	<u>-</u>							·		
. DESCRIPTION OF WELL	AND LEA	ASE								
ease Name		Well No.	Pool Na	me, Includir	ng Formation			of Lease	L	ease No.
Western Reserves 34 F	ederal				an Andre	s	Spaye,	Federal or/Fee	NM 0	46153A
ocation	1									
Unit LetterE	: 1650		Feet Fr	om The No	orth_Lin	e and990	Fe	et From The	West_	Line
Section 34 Township	, 7s_		Range	31E	_, NI	мрм,		Chaves		County
II. DESIGNATION OF TRANS	SPORTE			<u>D NATUI</u>	RAL GAS	a address to wh	ich approved	come of this form	is to he se	ent)
Name of Authorized Transporter of Oil	$\square X$	or Conden	sate		Address (Give address to which approved copy of this form is to be sent)					
EOTT Energy Corporation					PO Box 1188. Houston, TX 77251-1188 Address (Give address to which approved copy of this form is to be sent)					
lame of Authorized Transporter of Casing	ghead Gas		or Dry	Gas []	Address (Giv	e address to wh	uch approved	copy of this form	1 13 to DE 36	mi)
Familian description that is	1 Their	l Sac	Tim	Rge.	le gas actuall	y connected?	When	?		
f well produces oil or liquids, ive location of tanks.	I E I	Unit Sec. Twp. E 34 7		31	No	, common	1	-		
this production is commingled with that i					L	ber:		 		
V. COMPLETION DATA	isom any on	,U, IORBO UI	poor, gr							
Designate Type of Completion	- (X)	Oil Well X	1	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v
Date Spudded	Date Com	pl. 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								Depth Casing Shoe		
enorations										
		TIBING	CASI	NG AND	CEMENTI	NG RECOR	D	_!		
1101 5 0175		SING & TU			CENTERINA	DEPTH SET		SAG	CKS CEM	ENT
HOLE SIZE	- CA	SING a 10	JOING .	312.		DEI MICE				
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)m FOD		ADIE							
7. TEST DATA AND REQUES	ST FOR A	ALLOW	ABLE		he equal to o	exceed top all	awable for thi	is depth or be for	full 24 ho	ers.)
OIL WELL (Test must be after r	recovery of to	otal volume	ABLE of load	oil and must	be equal to o	r exceed top allo	owable for the	is depth or be for	full 24 ho	ers.)
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Te	otal volume est	ABLE of load	oil and must	Producing M	lethod (Flow, pi	owable for thi ump, gas lift, c	is depth or be for etc.)	full 24 hoi	σs.)
OIL WELL (Test must be after r Date First New Oil Run To Tank 4-2-93	Date of Te	est -93	ABLE of load	oil and must	Producing M Pumpi	lethod (Flow, pi ng	owable for thi ump, gas lift, c	is depth or be for etc.)	full 24 hoi	ers.)
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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.