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

## 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

1	TO:	TRANSF	ORT OIL	AND NATURAL GA	S	·				
Operator	Well API No.									
YATES PETROLEUM CORPORATION					30-0	30-005-20925				
Address	Augus of ST	w 0001	0							
105 South 4th St., Reason(s) for Filing (Check proper box)	Artesia, N	M 8821	.0	Other (Please explain	in)					
New Well	Cha	nge in Transp	porter of:		•	1002	OTT			
Recompletion	Oil	Dry C		EFFECTIVE NOV						
Thange in Operator	Casinghead Ga			EFFECTIVE JUL	LY 1, 19	93 - GAS	)			
change of operator give name										
nd address of previous operator										
I. DESCRIPTION OF WELL	L AND LEASE	<u> </u>								
Lease Name						Kind of Lease State, Federal or Fee/		Lease No. NM 31211		
Sun UW Federal		S C	naveroo-S	<u>A</u>	777,	· · · · · · · · · · · · · · · · · · ·	NII J	1411		
Location	000		•				Foot			
Unit Letter A	Unit Letter A : 330 Feet From The				North Line and 330 Feet			From The <u>East</u> Line		
Section 10 Township 8S Range 33E				, NMPM,	Cha	ves	,	County		
Section 10 Towns	nip OB	Kang	ge <u> </u>	, 141/11 141,	0.1.0					
II. DESIGNATION OF TRA	NSPORTER (	OF OIL A	ND NATUI	RAL GAS						
Name of Authorized Transporter of Oil		Condensate		Address (Give address to wh	ich approved	copy of this fo	rm is to be ser	nt)		
Scurlock-Permian Cor	4			PO Box 4648, Ho	ouston,	TX 77210	) <b>-</b> 4648			
Name of Authorized Transporter of Casinghead Gas X or Dry Gas				Address (Give address to which approved copy of this form is to be sent)						
Warren Petroleum Corporation				PO Box 1589, Tulsa, OK 74101						
If well produces oil or liquids, Unit Sec. 1										
rive location of tanks.	ll	10   8	33	Yes		0-5-04				
f this production is commingled with the	at from any other le	ease or pool,	give comming!	ing order number:						
V. COMPLETION DATA	<del></del> 12	VI 31/-11	Gas Well	New Well   Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completic		Dil Well	GAS WELL	I HEM MEIL   MOTROAGI.	Decker	112P Duck	,			
Date Spudded	Date Compl. Ready to Prod.			Total Depth	P.B.T.D.					
wan upanou	Date Compl. Ready to Free.									
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	icing Format	ion	Top Oil/Gas Pay		Tubing Dept	ih .			
						Dest C	a Cha-			
Perforations						Depth Casin	g Snoe			
			ODIC ()T	OCI CENTEDIO DECON	<u> </u>	!				
TUBING, CASING AND				DEPTH SET			SACKS CEMENT			
HOLE SIZE CASING & TUBING SI			G SIZE	DEPTH SET		SACIO CEMENT				
							· ·			
								<del></del>		
V. TEST DATA AND REQU	EST FOR AL	LOWABI	LE	<u> </u>		-l				
OIL WELL (Test must be aft	er recovery of total	volume of lo	ad oil and mus	be equal to or exceed top all	lowable for thi	s depth or be	for full 24 hou	ers.)		
Date First New Oil Run To Tank	Date of Test			Producing Method (Flow, p	ump, gas lift, i	etc.)				
					<del> </del>	Choke Size				
Length of Test	th of Test Tubing Pressure			Casing Pressure	Choke Size					
		<del></del> -		Water - Bbls.		Gas- MCF				
Actual Prod. During Test	Oil - Bbls.			ANTO - DOIN						
			<del></del>		·					
GAS WELL				Du Cariana anice		Gently of	Condensate			
Actual Prod. Test - MCF/D	Length of Tes	št		Bbls. Condensate/MMCF	Gravity of Condensate					
	Tubing Press	ure (Shut-in)		Casing Pressure (Shut-in)		Choke Size				
Testing Method (pitot, back pr.)	Tuoing riess	are (Shurm)								
THE OPEN A WORK CERTIFICATION	TC ATTE OF 4		A NICTO							
VI. OPERATOR CERTIF				OIL CO	NSERV	ATION	DIVISIO	NC		
I hereby certify that the rules and a Division have been complied with	and that the inform	ation given a	above			0 17 400	<b>a</b>			
is true and complete to the best of	my knowledge and	belief.		Date Approv	<sub>ed</sub> OCT	27 1993	5			
<u> </u>	Z , -			Date Applov						
Lu anita Dollett				By ORIG	INAL SIGN	ED BY IFP	RY SEXTO	N		
Signature Juanita Goodlett	- Productic	n Sunce	rvieor	Dy		SUPERV		L <del>T</del>		
Printed Name				Title			<del>-</del>			
10-25-93	505	715/748-14								
Date		Telepho	one No.							

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.