

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240  
DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210  
DISTRICT III  
1000 Rio Hiazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

RECEIVED Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page  
OCT 18 1991  
O. C. D.  
ARTESIA OFFICE

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Operator <b>YATES PETROLEUM CORPORATION</b>		Well API No. <b>30-005-20925</b>
Address <b>105 South 4th St., Artesia, NM 88210</b>		
Reason(s) for Filling (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	<b>EFFECTIVE AUGUST 30, 1991</b>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

**I. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Sun UW Federal</b>	Well No. <b>3</b>	Pool Name, including Formation <b>Chaveroo SA</b>	Kind of Lease State, Federal or Prop. <b>///</b>	Lease No. <b>NM-31211</b>
Location Unit Letter <b>A</b> : <b>330</b> Feet From The <b>North</b> Line and <b>330</b> Feet From The <b>East</b> Line Section <b>10</b> Township <b>8s</b> Range <b>33e</b> , <b>NMPM</b> , <b>Chaves</b> County				

**II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Casinghead Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>Enron Oil Trading &amp; Transportation</b> <b>P.O. Box 1188, Houston TX 77151-1188</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>Trident NGL, Inc.</b> <b>PO Box 50250, Midland, TX 79710</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>25</b>	Sec. <b>7</b>	Twp. <b>31</b>	Rge. <b>31</b>	Is gas actually connected? <b>Yes</b>	When? <b>6-5-84</b>
If this production is commingled with that from any other lease or pool, give commingling order number:						

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Diff Res'v
Date Spudded	Date Compl. 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		

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**V. TEST DATA AND REQUEST FOR ALLOWABLE**

<b>OIL WELL.</b> (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
<b>GAS WELL.</b>			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

**VI. OPERATOR CERTIFICATE OF COMPLIANCE**

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 best of my knowledge and belief.

*Quanita Goodlett - as*  
Signature  
**Quanita Goodlett - Production Supvr.**  
Printed Name  
Date **10-17-91** Title **(505) 748-1471**  
Telephone No.

<b>OIL CONSERVATION DIVISION</b>	
Date Approved <b>OCT 22 1991</b>	
By <b>ORIGINAL SIGNED BY JERRY SEXTON</b>	
<b>DISTRICT I SUPERVISOR</b>	
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.
  - 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.