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., Artec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Yates Drilling Company									30-005-21019			
ddress 105 South 4th Str	eet. Art	esia. N	.м.	88210								
eason(s) for Filing (Check proper box)					X Other	(Please explai	n)					
ew Well		Change in 7	Transpo Dry Ga		Nama C	hange.	Deluna	Federal :	13 to			
ecompletion	Name 0	Name Change: DeLuna Federal #3 to Cactus Queen Unit #6										
hange in Operator	Casinghe	ad Cas	Conden	sate				Queen on.				
change of operator give name d address of previous operator												
DESCRIPTION OF WELL	AND LE											
ease Name	Name Well No. Pool Name, Including					Ctate E			Lease No.			
Cactus Queen Unit 6 SE Chaves Q					ueen Gas	Area As	soc.	NM-15896				
Ocation Unit LetterB	:	330	Feet Fr	om TheN	orth Line	and19	80 Fe	et From The _	<u>East</u>	Line		
Section 34 Towns	nip 125	3	Range	31F	, NN	MM,	Chaves		<u> </u>	County		
T DESIGNATION OF TRA	NSPORTI	ER OF OI	L AN	D NATUI	RAL GAS							
lame of Authorized Transporter of Oil	. DESIGNATION OF TRANSPORTER OF OIL AND NATUR						Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining C				L	P.O. Bo	x 159, A	rtesia,	N.M. 8	8210			
lame of Authorized Transporter of Cas			or Dry	Gas		address to wh				ന)		
f well produces oil or liquids,	Unit	Unit Sec. Twp. Rge.				Is gas actually connected? When ?			?			
ve location of tanks.	ation of tanks. 0 27 12S 31E						l					
this production is commingled with the V. COMPLETION DATA	it from any o	ther lease or p	poot, gi	ve commingl	ing order numb	жг.						
Designate Type of Completic	n - (X)	Oil Well		Gas Well	New Well	Workover	Doepen	Plug Back	Same Res'v	Diff Res'v		
Date Spanished		npl. Ready to	Piod.		Total Depth	I	.1	P.B.T.D.				
No. 411 (Production Franchism					Top Oil/Cas Pay			Tubing Depth				
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					,			ruong reput				
erforations								Depth Casin	g Shoe			
TUBING, CASING AND					CEMENTI	CEMENTING RECORD						
HOLE SIZE	С	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
												
					-			-				
V. TEST DATA AND REQU	EST FOR	ALLOW	ARLF	<u> </u>	_!							
OIL WELL (Test must be aft	LY I LOK	f total valume	of load	I oil and mus	t be equal to o	exceed top all	owable for th	is depth or he	for full 24 ho	urs.)		
Date First New Oil Run To Tank	Date of		oj ioda	- I di diki iliki	Producing M	ethod (Flow, p	ump, gas lift,	etc.)				
						There		Choke Size				
Length of Test	Tubing	Tubing Pressure			Casing Press							
Actual Prod. During Test	Oil - Bb	Oil - Bbis.				<u>.</u>		Gas- MCF				
GAS WELL					_		 ,	1				
Actual Prod. Test - MCF/D	Length	Length of Test			Bbls, Conde	nsate/MMCF		Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
												
VI. OPERATOR CERTIF						OIL CO	NSER\	ΛΤΙΟΝ	DIVISI	ON		
I hereby certify that the rules and r	egulations of	the Oil Conse	rvation	ve		J J.						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved JUL 1 2 1990							
W 04	1						-					
Lang Leedman Signature						By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Karen J. Leishman Production Clerk Printed Name												
6-13-90	((505) 74	8-14	71	Title	ـــــــ ت						
Date		Te	lephon	e 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, and VI for changes of operator, well name or number, transporter, or other such changes.