Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

·		TO THA	NOPC	JH I UIL	AND NAT	UNAL GA		Pl No		 -	
Operator YATES PETROLEUM CORPORATION						Well API No. 30 - 005 - 21022					
Address	JOIN ONAL							<u> </u>	<u>u </u>	and the second	
105 South 4th St.	, Artesi	a, NM	8821	.0							
Reason(s) for Filing (Check proper box)					Other	(Please expla	in)			,	
New Well	0.1	Change in	-		EFF	ECTIVE	4-1-90				
Recompletion \square	Oil Casinghea	_	Dry Gas Condens	_	27.1	D01112	, 1 ,0				
Change in Operator If change of operator give name	Cashghe	IC Cas	Collection								
and address of previous operator			_								
II. DESCRIPTION OF WELL	L AND LE	ASE					W:-4	67		asa No	
Lease Name			1		ng Formation		Kind of Lease Lease No. State, Føderskl/of Fee LG 2753				
Brahman ACC State Location]_1	STE	te SA							
Unit Letter B	. 99	0	Feet Fro	om The No	orth Line	and 231	0Fe	et From The	East	Line	
··							_				
Section 16 Towns	thip 8S	8S		31E	, NMPM,		C1	Chaves County			
m projektation of TDA	NCDOD/FI	TP 0F 0	II A A JI	D NATIII	RAL GAS						
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil		or Conden	gy U	Pro	Address (Give	aidress to w	hich approved	copy of this f			
Enron Oil Trading &	Transpo	<u>tective</u> .	1 06.5)3	ATT: TAX					77251- 71 1188	
Name of Authorized Transporter of Cas	inghead Gas		or Dry	Gas	Address (Give	address to w	hich approved	copy of this f	orm is to be se	nt) 1100	
	1 ** **	l c	I The	l Pas	Is gas actually	connected?	When	7	 		
If well produces oil or liquids, give location of tanks.	Unit B	S∞. 16	Twp.		No	Osimbolog.		•			
If this production is commingled with th	at from any ot	her lease or	pool, giv	e commingl	ing order numb	er					
IV. COMPLETION DATA					 .			1 20 20 10	le n	Diff Bash	
Designate Type of Completic	n - (X)	Oil Well	(Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		ipl. Ready to	Prod.		Total Depth		<u> </u>	P.B.T.D.	I	<u>.J </u>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Format				nation Top Oil/Gas Pay				Tubing Depth			
Perforations							Depth Casing Shoe				
renorations											
		TUBING,	CASI	NG AND	CEMENTIN	IG RECOF	SD				
HOLE SIZE	C/	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
		· · · · · · · · · · · · · · · · · · ·									
V. TEST DATA AND REQU	EST FOR	ALLOW	ABLE				lawahla far th	in denth or he	for full 24 hou	rc)	
OIL WELL (Test must be after			of load	oil and must	Producing Me	thod (Flow, p	owable jor in	etc.)	jor juli 24 nou		
Pate First New Oil Run To Tank Date of Test					Troubbing Inte			_			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
					Dit.		Gas- MCF				
Actual Prod. During Test	Oil - Bbl	Oil - Bbls.				Water - Bbls.					
					1			_			
GAS WELL Actual Prod. Test - MCF/D	l andh o	f Test			Bbls. Conden	sale/MMCF		Gravity of	Condensate		
Actual Prod. 1681 - MCI/D	rengui 0	Length of Test				Doill Commission Commission					
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size	•		
					_					·	
VI. OPERATOR CERTIF	ICATE O	F COM	PLIAI	NCE	(NSFRV	ATION	DIVISIO	ON .	
I hereby certify that the rules and re	gulations of th	e Oil Conse	rvation								
Division have been complied with a is true and complete to the best of r	ind that the ini ny knowledge	and belief.	4CH 400V	·C	Date	Approv	ed	Mrk -	3 1990) 	
/	Q				Date	• •					
Granty Dordiet					By_	By SEXTON					
Signature Juanita Goodlett - Production Supvr.					-, -	ByORIGINAL SIGNER TY JERRY SEXTON TitleDISTRICT I SUPERVISOR					
Printed Name			Title	-	Title		DISTK	CI 130,2			
3-27-90	(48-14 lephone								
Date		16	provide	. ~		<u> </u>					

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.