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 Revised 1-1-89 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 7275 OIL CONSERVATION DIVISION P.O. Box 2088 at Bottom of Page Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. YATES PETROLEUM CORPORATION 30-025-01153 Address 105 South 4th St., Artesia, NM 88210 Other (Please explain) CASINGHEAD GAS MUST NOT BE Reason(s) for Filing (Check proper box) New Well X RE-ENTRY Change in Transporter of: ☐ Dry Gas FLARED AFTER Recompletion Oil 1-19-93 UNLESS AN EXCEPTION TO R-4070 Change in Operator Casinghead Gas ... Condensate If change of operator give name and address of previous operator IS OBTAINED. II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Abalone AMB State Saunders Permo Upper Penn State, Federal or/Fee V-2461 Location 660 Unit Letter West Feet From The Line and Line 26 14S 33E Lea NMPM. County Mame of Authorized Transporter of Oil or Concenied Conce Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) If well produces oil or liquids, Sec. Rge. Is gas actually connected? give location of tanks. 26 33 14 No Approx. 1 month If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) X X Date Spudded RE-ENTRY Total Depth Date Compl. Ready to Prod. P.B.T.D. 10-26-92 11-24-92 COTD 9962' 99621 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth 9920 4209! DF Upper Penn 9748' Perforations Depth Casing Shoe 9748-9907 TUBING, CASING AND CEMENTING RECORD HOLE SIZE **CASING & TUBING SIZE** DEPTH SET SACKS CEMENT 13-3/8" 350' 375 sx - circ-in place 11" 8-5/8" 1786:sx -circ-in place 4179 7-7/8 8751 1090 sx -2-7/8" 99201 V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 Producing Method (Flow, pump, gas lift, etc.) Date of Test 11-19-92 Pumping 11-24-92 Length of Test Tubing Pressure Casing Pressure Choke Size 24 hrs 50 Actual Prod. During Test Oil - Bbls. 216 66 363 150 **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE

Production Supvr.

hereby certify that the rules and regulations of the Oil Conservation

Division have been complied with and that the information given above

The true and complete to the best of my knowledge and belief.

anda

Signature Juanita Goodlett

Printed Name

11-25-92

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

Date Approved

OIL CONSERVATION DIVISION

By ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPPRISONS

NOV 3 0 '92

All sections of this form must be filled out for allowable on new and recompleted wells.

Title 748-1471

Telephone No.

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.

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

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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	T	<u>O TRA</u>	NSP	ORT OIL	AND NATU	RAL G	AS_		DI M-	· · · · · · · · · · · · · · · · · · ·		
YATES PETROLEUM CORPORATION								Well API No. 30-025-01153				
Address 105 South 4th St.,	Artesia	, NM	882	10								
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator		Change in	Transpo Dry Ga Conder	25 🔲	X Other (I	Please expl		3				
f change of operator give name nd address of previous operator									,			
I. DESCRIPTION OF WELL						.		· · · · · · · · · · · · · · · · · · ·				
Lease Name Abalone AMB State	Crota Cadamicar C							ı	2461			
Location Unit LetterD	: 660		Feet Fr	rom TheN	orth Line an	d6	60	Fe	et From The _	West	Line	
Section 26 Townsh	ip 14	S	Range	33	E , NMP!	м,			Lea		County	
II. DESIGNATION OF TRAP	NSPORTE	R OF O	IL AN	ID NATU	RAL GAS			· · · · · ·				
Name of Authorized Transporter of Oil TEXAS-NEW MEXICO PIPE	LINE CO.	or Conden			Address (Give ac PO Box	2528,	Но	bbs,	NM 882	41		
Name of Authorized Transporter of Casin Warren Petroleum Corp		X	or Dry	Gas	Address (Give address to which approved copy of this form is to be sent) PO Box 1689, Lovington, NM 88260							
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 26	Twp.	Rge. 33	Is gas actually co	onnected?		When	7 12-14-92			
f this production is commingled with that V. COMPLETION DATA	from any other	r lease or	pool, gi	ive comming!	ing order number:			-				
	- (%)	Oil Well	Ţ	Gas Well	New Well V	Vorkover	I	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded	Date Comp	l. Ready to	Prod.		Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Fo	ormation	<u> </u>	Top Oil/Gas Pay				Tubing Depth			
Perforations					Depth Casing Shoe							
	T	UBING.	CASI	ING AND	CEMENTING	RECO	RD_		<u> </u>			
HOLE SIZE						EPTH SET		SACKS CEMENT				
										······································		
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE	<u> </u>				.la. #! '	a dansk en k	for 6/11 24 L-	me.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Tes		of load	l oil and must	Producing Methy	ceed top al od (Flow, p	oump,	gas lift, e	s aepin or be elc.)	jur juli 24 nol	v S. j	
Length of Test	Tubing Pre	ssure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.		_		Water - Bbls.			Gas- MCF				
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbls. Condensa	LE/MMCF			Gravity of	Condensate		
Testing Method (pitot, back pr.)	Tubing Pre		ıt-in)		Casing Pressure (Shut-in)				Choke Size			
					<u> </u>							
VI. OPERATOR CERTIFICATION I hereby certify that the rules and reg	ulations of the	Oil Conse	rvation		0	IL CO	NS	ERV		DIVISIO		
Division have been complied with an is true and complete to the best of m	d that the info	rmation giv	ven abo	ve	Date	Approv	ed		FEB	01 1993		
Manuag	Rao	Mis	11		By	nii (Maria	مند ا	6. 	V 1030Y 1	EXICN		
Signature Juanita Goodlett Printed Name	- Produc		Title		Title_				7 - CBRY :	*		
1-28-93 Date	(5		48-14 lephone									

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.

ubmit 5 Cepius appropriate District Office ISTRICT I O. Box 1980, Hobbs, NM 88240 ISTRICT II O. Drawer DD, Artesia, NM 88210

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

ISTRICT III 200 Rio Brazos Rd., Aztec, NM 87410	REQU	EST FO	OR AL	LOWAB	LE AND A	UTHORIZA	ATION					
	TO TRANSPORT OIL AND NATURAL GAS Well A							Pl No.				
Operator YATES PETROLEUM COF	ጥል ዠርባያ	LON					1	-025-0115	53			
Address 105 South 4th St., A			882	1.0								
Reason(s) for Filing (Check proper box)		,			Othe	r (Please explai	n)					
New Well		Change in	Transpo	orter of:	CASIN	GHEAD GAS	S CONNE	CTION.				
Recompletion	Oil		Dry Ga		CILDIN	GILLIE CI	5 0011112	0				
Change in Operator	Casinghea	d Gas 🔼	Conde	nsate 🔲				·				
change of operator give name and address of previous operator					<u>.</u>							
I. DESCRIPTION OF WELL A	ND LE	ASE					1	<u>:</u>	T.	ase No.		
Lease Name	Well No. Pool Name, includi							f Lease Jegletal dr/F¢e	V-24			
ABALONE AMB STATE		1	Sau	nders P	ermo U/F	enn						
Location									77C - 4			
Unit LetterD	:_ 660		Feet F	from The N	orth_Lin	and <u>660</u>	Fe	et From The	WEst	Line		
Section 26 Township	145	·	Range	33E	, NI	мрм,		Lea		County		
		m of o	TT 43	ITS BLATTE	DAT GAS							
II. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	SPORTE	or Conde	nsate	U NAIU	Address (On	e address to wh	ich approved	copy of this for	m is to be se	nt)		
Name of Authorized Transporter of Oil FOTT Francy Corneratio	$N^{\square X}$	J		<u></u> _	Address (Give address to which approved copy of this form is to be sent) PO Box 1188, Houston, TX 77251-1188							
Name of Authorized Transporter of Casing	OTT Energy Corporation The 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 Corpo	ration				РО Во	x 1689,		on, NM 88260				
If well produces oil or liquids,	Unit Sec.		Twp.	Rge.	ls gas actual	y connected?	When	?				
give location of tanks.	D	26	14		YI		12	-14-92	,,			
If this production is commingled with that f	rom any ol	her lease or	pool, g	ive comming	ling order num	ber:						
		Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion -	· (X) _		L			<u> </u>	<u> </u>	1				
Date Spudded	Date Con	ipl. Ready t	o Prod.		Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations	<u> </u>				J			Depth Casing	Shoe			
		TURING	CAS	ING AND	CEMENT	ING RECOR	D	_ <u>'</u>				
LIOUE CIZE		ASING & T			DEPTH SET			S	SACKS CEMENT			
HOLE SIZE		101110 4 1	00,,,,		1							
	ļ	_,,										
	 											
	 							<u> </u>				
V. TEST DATA AND REQUES	T FOR	ALLOW	ABL	E					E.U 24 h			
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ecovery of	total volum	e of loa	d oil and mu	s be equal to a	r exceed top all	owable for th	is depth or be j	or juli 24 no	<i>urs.)</i>		
Date First New Oil Run To Tank	Date of				Producing N	Aethod (Flow, pa	ump, gas iyi,	eic.y				
Length of Test	Tubing I	ressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bb	ls.			Water - Bbls.			Gas- MCF				
				<u></u> . <u>.</u>					· · · · · · · · · · · · · · · · · · ·			
GAS WELL	II	of Teet			Bbls. Cond	ensate/MMCF		Gravity of C	Condensate			
Actual Prod. Test - MCF/D	Length	H ICEL			23,0, 03,0	Bois. Condensato Mario						
Testing Method (pitot, back pr.)	Tubing	Pressure (St	nut-in)		Casing Pres	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	CATE	F COM	1PLL	ANCE			NCEDI	/ATION	DIVISI	ON		
I hereby certify that the rules and regu	dations of	he Oil Con	servation	Ŋ			NOLIN	AHON	J. V 101	- 11		
Division have been complied with and is true and complete to the best of my	i that the ir	formation (given ad	ove	Da	te Approv	ed	, lit	<u> </u>	5.		
Quanta De					- 11							
Signature Juanita Goodlett			Supv	r.	By	規論体	新 選ぶ	CONTRACTOR	. F			
Printed Name			Titl	e	Titl	e						
1-12-93		(505)										
Date		1	clephor	ne No.	- !!							

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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 II P.O. Drawer DD, Artesia, NM 88210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

L,		10111	71401	OI II OIL	. MIL IN TO THE CO							
Operator						į.	API No.					
YATES PETROLEUM C	ORPORAT	CION				30-025-01153						
Address												
105 South 4th St.,	Artesi	La, NM	882	TO		Date -						
Reason(s) for Filing (Check proper box)	NT01037				Other (Please expla	interior	MEAD GAS	MUST N	OT BE			
New Well X RE-E		Change in	- · ·									
Recompletion	Oi1		Dry C			UNLESS AN EXCEPTION TO R-4070						
Change in Operator	Casinghe	ad Gas	Cond	ensate		IS OBTA	INFILACE	LIDIA LO	R-4070			
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL	AND LE	ASE										
Lease Name	Well No.			ing Formation	1	Kind of Lease Lease No. State, Redetal or/Fee V-2461						
Abalone AMB State		<u> </u>	Sau	nders P	ermo Upper Penn		ויזיויין ידידייף	V-240	<u></u>			
Location	660)		N	orth 66	0		West				
Unit Letter	_ :		_ Feet I	From The	orth Line and66	F	eet From The _		Line			
Section 26 Townsh	. 14S		n	. 33E	, NMPM,		Lea		County			
Section 26 Townsh	ip 140		Range	332	, INIVITIVI,		· · · · · · · · · · · · · · · · · · ·		County			
III. DESIGNATION OF TRAI	NSPORTI	ER OF C	IL A	ND NATU	RAL GAS							
Name of Authorized Transporter of Oil		or Conde	nsale		Address (Give address to wh	iich approved	d copy of this fo	orm is to be se	int)			
Enron Trading & Trans	portat:	ion Co	•		PO Box 1188,							
Name of Authorized Transporter of Casin	ighead Gas		or Dr	y Gas 🔲	Address (Give address to wh	iich approved	d copy of this fo	orm is to be se	ent)			
			_,									
If well produces oil or liquids,	Unit	Sec. 1 26	Twp.	Rge. 33	Is gas actually connected?	When	n? rox. 1 m	onth				
give location of tanks.	J D		114		No	App	LOX. I III	Olicii				
If this production is commingled with that	from any of	her lease of	r pooi, g	ive comming.	ing order number:				<u></u>			
IV. COMPLETION DATA		lou w-i		Can Wall	New Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v			
Designate Type of Completion	- (X)	Oil Wel	I .	Gas Well	X	l Dechen	riug back	Same Res	l l			
		npl. Ready t	o Prod		Total Depth	J	P.B.T.D.		٠			
Date Spudded RE-ENTRY 10-26-92		191. Rea dy (24–92	w 1100.		COTD 9962'	9962'						
Elevations (DF, RKB, RT, GR, etc.)		Producing F	Cormatio	n	Top Oil/Gas Pay	Tubing Depth						
4209 DF		per Pe			9748'	9920'						
Perforations		per re					Depth Casing	g Shoe				
9748-9907'				121 W 2179 2189					•			
37.0 33 - 1		TURING	CAS	ING AND	CEMENTING RECOR	D	_'					
HOLE SIZE		ASING & T			DEPTH SET		S	ACKS CEM	ENT			
17"		13-3/8			350 '		375 sx - circ-in plac					
11"		8-5/8'			4179'	1786 sx -circ-in place						
7-7/8"	 	5-1/2'			8751'		1090 s	1090 sx -				
		2-7/8	1		9920'							
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLI	E								
OIL WELL (Test must be after	recovery of I	total volume	of load	l oil and must	be equal to or exceed top allo	wable for th	is depth or be f	or full 24 hou	rs.)			
Date First New Oil Run To Tank	Date of T	est			Producing Method (Flow, pu	ımp, gas lift,	etc.)					
11-19-92	11-24	4-92			Pumping							
Length of Test	Tubing Pr	ressure			Casing Pressure		Choke Size					
24 hrs	5	0			50		Open Gas-MCF					
Actual Prod. During Test	Oil - Bbls	· ·			Water - Bbls.		Gas- MCF					
216	6	6			363		150					
GAS WELL												
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Condensate/MMCF		Gravity of C	ondensate				
									·			
Testing Method (pitot, back pr.)	Tubing P	ressure (Shu	n-iu)		Casing Pressure (Shut-in)		Choke Size					
VI. OPERATOR CERTIFIC	TATEO	F COM	PLIA	NCE								
I hereby certify that the rules and regu				., , , ,	OILCON	ISERV	ATION	DIVISIO	N			
Division have been complied with and	l that the info	ormation gi	ven abo	ve			MOV 9	ດ ເດາ				
is true and complete to the best of my	knowledge	and belief.			Date Approve	Ч	NOV 3	U 3Z				
()					Date Approve	<u> </u>						
Mandad	bode	12					ny jenny f	KOTYZ				
Signature					By ORIGINAL	GIGNED	BA TEKKA 2	SAIO!"				
Guanita Goodlett -	Produc	ction S		·	DI	STRICT IS	UPERVISOR	•				
Printed Name	/ 1	505) 7	Title	5.71	Title							
11-25-92	(:	505) 74	iephone									
Date		16	Protect	. 10.	11							

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