Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Depa

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., Aziec, NM 87410 Santa Fe, New Mexico 87504-2088

TOO NO BILLOS KIL, AZIEC, NW 8/410	REQUEST FO	OR ALLOWAB								
Coperator	TOTRA	ANSPORT OIL	AND NAT	UHAL GA	.S Well A	Pl No.	.			
YATES PETROLEUM C	ORPORATION									
Address 105 South 4th St.,		88210								
Reason(s) for Filing (Check proper box)		. T	Othe	r (Please expla	in)					
New Well		Transporter of: Dry Gas	Eff	ective I	ate: 2-	1-92				
Change in Operator	Casinghead Gas	· · —		.ccerve i	acc. 2	1)2				
If change of operator give name						•				
and address of previous operator II. DESCRIPTION OF WELL	ANDIEACE	-						· ·		
Lease Name		Well No. Pool Name, Includi		ng Formation Kind		f Lease		ease No.		
Kern YU State	1	1 East Saunde		er Permo Penn		State, Federal or Fee		OG-4779		
Location Unit LetterC	. 660	Feet From The No.	orth Line	and 1980	<u> </u>	et From The _	West	Line		
Section 20 Towns	hin 14S	Range 34E.	. NN	лем,	Lea			County		
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil	NSPORTER OF O		RAL GAS Address (Give	e address to wh	ich approved	copy of this fo	orm is to be se	ent)		
Enron Oil Trading & T	P.O. Box 1188, Houston, TX 77151-1188									
Name of Authorized Transporter of Casi	inghead Gay TEHE Effective	1-1-93	Address (Giw	e address to wh	ich approved	copy of this fo	orm is to be se	ent)		
If well produces oil or liquids, give location of tanks.	Unit Sec. 20		Is gas actually No	ls gas actually connected? When ?						
If this production is commingled with the	at from any other lease or	r pool, give commingl	ing order numl	ber:						
IV. COMPLETION DATA	Oil We	ll Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		i	Tatal Darth	<u> </u>	<u></u>	<u> </u>		i		
Date Spudded	Date Compl. Ready t	io Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas	Top Oil/Gas Pay Tub			ubing Depth			
Perforations •	!				Depth Casing Shoe					
TUBING, CASING AND			CEMENTING RECORD			<u></u>				
HOLE SIZE	CASING & T	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUI	ECT FOR ALLOW	ARIE	<u></u>			<u> </u>				
OIL WELL (Test must be after	r recovery of total volume	e of load oil and must	be equal to or	exceed top allo	wable for thi	s depth or be	for full 24 hou	ers.)		
Date First New Oil Run To Tank	Date of Test		Producing Me	ethod (Flow, pi	ımp, gas lift, e	etc.)	1			
Length of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbis.		Water - Bbis.			Gas- MCF			
GAS WELL										
Actual Prod. Test - MCF/D				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Sh	nut-in)	Casing Pressure (Shut-in)			Choke Size				
n osung menion (phot, back pr.)	* moint i reserie (ori									
VI. OPERATOR CERTIFIED I hereby certify that the rules and re	gulations of the Oil Cons	servation			NSERV	ATION	DIVISION	NC NC		
Division have been complied with a is true and complete to the best of n	. Date	Date ApprovedJAN 2 3 '92								
Juanita di	Toodlett.	Tal								
Signiture Juanita Goodlett	- Production	Supvr.	∥ By_			SUPERVIS	Y SEXTON OR			
Printed Name	(505) 7	Title 48-1471	Title)	· · · · · · · · · · · · · · · · · · ·			·		
Date		elephone No.			1. V		•			

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.