

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

REGISTRATION	
EXPLORATION	
PRODUCTION	
LAND OFFICE	
TRANSPORTATION	
OPERATION	
REGISTRATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Yates Petroleum Corporation

Address

207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☒ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Effective 2-24-84

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Hanladdie WR State	2	Saunders Permo-Upper Penn	State, Federal or Fee State	K-6444

Location

Unit Letter C : 990 Feet From The North Line and 2310 Feet From The West

Section 16 Township 14S Range 33E NMPM Lea County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Signature of Authorized Transporter of Oil ☒ EOTT Energy Corp.
Texas New-Mexico Pipeline Co. Effective 1-1-93
Signature of Authorized Transporter of Casinghead Gas ☐
Warren Petroleum Co.

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 2528, Hobbs, NM 88240

Address (Give address to which approved copy of this form is to be sent)

Box 1589, Tulsa, OK 74101

Does well produce oil or liquids,
or production of tanks.

Unit	Sec.	Twp.	Rge.
K	9	14s	33e

Is gas actually connected?

Yes

When

12-17-83

If production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Depth	Diff. Depth
Date Comp. ready to Prod.	Total Depth			P.B.T.D.				
Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
				Depth Casing Back				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (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)

Test Method (Flow, pump, gas lift, etc.)	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Test Results	Tubing Pressure	Casing Pressure	Choke Size
Oil - Bbls.	Water - Bbls.	Gas - MCF	

AS WELL

Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Production Supervisor

(Title)

3-19-84

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 23 1984, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE

This form is to be filed in compliance with applicable rules.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

OFFICE OF THE
CLERK OF THE COURT

RECEIVED
MAR 22 1984
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