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., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator							Well API No.			
YATES PETROLEUM C		30-025-29492								
dress 105 South 4th St.,	Arteci	a. NM	88210	0						
uson(s) for Filing (Check proper box)	ni teal				Other (Please explain)					
w Well		Change in	Transport	ter of:						
completion	Oil	<u> </u>	Dry Gas		CORRECT TRANSPO	RTER T	O TEXAS-N	EW MEX	ICO	
ange in Operator Casinghead Gas Condensate					PIPELINE EFFECTIVE 1-1-91.					
hange of operator give name address of previous operator										
DESCRIPTION OF WELL	AND LE	ASE	·•·			Tax a				
case Name		Well No. Pool Name, Including					Kind of Lease State, Federal/or Fee		Lease No. E-2426	
Amerada State		1	Sau	dners	Permo Upper Penn		<i>''' </i>	E-24	20	
ocation Unit Letter $rac{ ext{L}}{ ext{}}$. 198	30	Davi Dan	Th.a	South Line and 330	E.	. Com The W	est	Line	
_	 		_ rea riu			ræ	a rioin the			
Section 2 Towns	ip 148	3	Range	33E	, NMPM,		Lea		County	
I. DESIGNATION OF TRA	NSPORTE			NATU						
ame of Authorized Transporter of Oil	XX	or Conde	nsate [Address (Give address to which			is to be se	u)	
Texas-New Mexico Pi			D		PO Box 2528, Ho					
ame of Authorized Transporter of Casi Warren Petroleum Cor		n KX	or Dry (D81 []	Address (Give address to which PO Box 1589, Tu			15 10 De 3e	u)	
well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	ls gas actually connected?	When				
ve location of tanks.	i ouv	2	14s	33e	Yes		3-10-86			
this production is commingled with the	t from any ot	her lease or	pool, giv	e commingl	ing order number:					
V. COMPLETION DATA		Oil Wel	1 7	ias Well	New Weil Workover	Deepen	Plug Back Sa	me Res'u	Diff Res'v	
Designate Type of Completio	n - (X)	1		JAS 47 C		Deepen (Ting Dack Sa	ane Res v	l l	
Date Spudded	Date Con	ipl. Ready t	lo Prod.		Total Depth		P.B.T.D.			
levations (DF, RKB, RT, GR, etc.)	etc.) Name of Producing Form				Top Oil/Gas Pay		Tubing Depth			
erforations	<u> </u>				 		Depth Casing S	ihoe		
				10=	GD1 (D) (P2) 10 == 00==		<u> </u>			
					CEMENTING RECORD		04040 05455			
HOLE SIZE C		ASING & TUBING SIZE			DEPTH SET		SACKS CEMENT			
		 								
	_						 			
. TEST DATA AND REQU										
			e of load	oil and mus	be equal to or exceed top allow			full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of T	est			Producing Method (Flow, purn	φ, gas lýi, i	uc.j			
length of Test	Tubing P	Tubing Pressure			Casing Pressure		Choke Size			
Actual Prod. During Test	Oil - Bbl	s.			Water - Bbis.		Gas- MCF			
GAS WELL							10.0.36			
Actual Prod. Test - MCF/D	Length o	Length of Test			Bbls. Condensate/MMCF		Gravity of Condensate			
Festing Method (pitot, back pr.)	Tubing	Tubing Pressure (Shut in)			Casing Pressure (Shut-in)	Choke Size				
	l									
VI. OPERATOR CERTIF	ICATE C	OF COM	1PLIA1	NCE	OIL COM	SEDV	אדוראו ר	11//101/) NI	
I hereby certify that the rules and re					OIL CON	SENV	ל מאוור	1010	01	
Division have been complied with a is true and complete to the best of t				re	11 .		MHL /	14 13	31	
18 true and complete to the best of 1	ny showledge	. 8164 UCHEL.	•		Date Approved	d				
(1) - X	walle	~						୧୯ଟ ଅନ୍ତ୍ର	r @ 10 3	
Signature					By ORIG	ginal 5	ONEO BY JE	urate 1950 i G radus tion		
Juanita Goodlett	- Produ	ction		•		DISTR	BELL & PERMITE	¥ ₩YEF**		
Printed Name 2-26-91		(505) 7	Title	71	Title					
2-20-91 Date		 	elephone							
Date					H					

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.