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

State of New Mexico rinergy, 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., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

l.	T	OTRA	NSPO	ORT OIL	AND NAT	TURAL GA	S				
Operator YATES PETROLEUM CORPORATION						Well API No. 30-025-29564					
Address 105 South 4th St.,			8821	n				0-025-2	9.304		
Reason(s) for Filing (Check proper box)	ALCESIA	, Mri	0021		Oth	r (Piease expla	inl				
New Well	(Change in	Transpo	rter of:		or (1 rease expan	,				
Recompletion	Oil		Dry Ga		Ef	fective I	Nate: 2-	1-92			
Change in Operator	Casinghead		Conden		4-	LOCCIVC L	Jacc. 2	1 /2			
If change of operator give name and address of previous operator				<u>-</u>							
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name Pyro ABK State		Well No.		ame, Includia azy J P	ng Formation		Kind o	f Lease Federal or Fee		ase No.	
Location				12, 0 1	Cini			·		,10	
Unit LetterC	:6	660	Feet Fr	om The $\frac{N}{N}$	orth Line	231	<u>0</u> Fee	et From The	West	Line	
Section 33 Township			Range	33E		мем,	Lea	····		County	
EOTT Energy Operating LP III. D ERIGNATIONOF T RAN	SPORTEI	Upro	L'AN	Cord P NA rui	RAL GAS						
Name of Authorized Transporter of Oil		dr Caalei	sale i	داه-۱	Address (Giv	e address to wh					
Enron Oil Trading & Tr		ation			P.O. Bo	ox 1188,	Houston	, TX 7	7151 - 118	38	
Name of Authorized Transporter of Casing	Gas	Address (Give address to which approved copy of this form is to be sent)									
Warren Petroleum Co.					P.O. Bo	x 1589,	Tulsa.	OK 741	01		
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actuali		When				
give location of tanks.	В	33	13s	33E	Yes		i	2-12-8	6		
If this production is commingled with that	from any othe	r lease or	pool, giv	e commingl	ing order num	ber:					
IV. COMPLETION DATA	3	Oil Well	1 1	Gas Well	New Well	Workover	Deepen	Plue Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)					1	, 200pus	TIOS DECK	l	I	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
•											
TUBING, CASING AND					CEMENTING RECORD			·			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								_			
				 							
	ļ							 			
V. TEST DATA AND REQUES	T FOR A	LOW	ARLE	 				<u> </u>			
				oil and must	be equal to or	exceed top allo	wable for this	depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank		be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)									
Length of Test	Tubing Pressure				Casing Press	ıre		Choke Size			
				Water - Bbls.			Gas- MCF				
Actual Prod. During Test	Oil - Bbis.				WREI - DOIL						
GAS WELL											
Actual Prod. Test - MCF/D	Length of T	Cest			Bbls. Conder	sate/MMCF		Gravity of C	Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COM	DI TAN	ICE	1				·		
				NCE	(DIL CON	ISERV	MOITA	DIVISIO	NC	
I hereby certify that the rules and regul Division have been complied with and	that the infor	mation ois	sanou	E		- · ·		JAN 2		- • •	
is true and complete to the best of my			#004(-				A NAL	U 3L		
					Date	Approve	a				
Juanita St.	oa C	ett	Ja	_(By_	OPICINIA	Claura)\/ !#@m.c	Principal and the second		
	Product	tion S		•	By		STRICT I S	UPERVISO	>≊XTON Ř	· · · · · · · · · · · · · · · · · · ·	
Printed Name 1-16-92	(50		Title 18-14		Title						
Date			ephone i	√o.							

- 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.