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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. Draver 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

REQUEST FOR ALLOWARI F AND AUTHORIZATION

| _   |                            |  |             |                |                            | TUDAL G               |                |                                       |                     |              |  |
|---|----------------------------|--|-------------|----------------|----------------------------|-----------------------|----------------|---------------------------------------|---------------------|--------------|--|
| I   |                            | IO IRA   | MSP         | OH! OIL        | AND NA                     | TURAL GA              | Noll           | API No.                               |                     |              |  |
| Operator CORPONATION  |                            |  |             |                |                            |                       |                |                                       | <i>c 1</i> . 0      | 1            |  |
| YATES PETROLEUM CORPORATION 30-025-30648 Address                        |                            |  |             |                |                            |                       |                |                                       |                     |              |  |
| 105 South 4th St.,  | Artesia                    | a, NM  | 882         | 10             | Orb.                       | er (Please expla      | nin)           |                                       |                     |              |  |
| Reason(s) for Filing (Check proper box)                                 |                            | ~ ·-   | ~           |                |                            | er (1 rease expir     | ,              |                                       |                     |              |  |
| New Well  |                            | Change in  | -           |                |                            |                       |                |                                       |                     |              |  |
| Recompletion  | Oil                        | 닏  | Dry G       | _              |                            |                       |                |                                       |                     |              |  |
| Change in Operator  | Casinghead                 | d Gas 🔝  | Conde       | nsate          |                            |                       |                |                                       |                     |              |  |
| If change of operator give name   | THIS                       | WELL HA  | S BEE       | N PLACED       | IN THE PO                  | XOU                   |                |                                       |                     |              |  |
| and address of previous operator  |                            |  |             |                | OO NOT DO                  |                       |                | <del></del>                           |                     |              |  |
| II. DESCRIPTION OF WELL   |                            |  |             |                |                            |                       |                |                                       |                     |              |  |
|   | AND LEA                    | Well No.   | Bool N      | Jame Includi   | na Formation               | V 000                 | Kind           | of Lease                              | L                   | ease No.     |  |
| Lesse Nume<br>Drover State Unit   |                            | 1  |             | lliams         |                            | / 5/0/2/ 1000         |                |                                       | #4##1/01 Fe# V-1876 |              |  |
| Location  | . 990                      | )  | Foot F      | inner The      | South 1:0                  | . and 990             | · F            | et From The                           | East                | Line         |  |
| Omit Letter   |                            |  |             |                |                            |                       |                |                                       |                     |              |  |
| Section , owner,  | <del></del>                |  | Range       | ·              |                            | MIPMI,                |                |                                       | <u> </u>            |              |  |
| III. DESIGNATION OF TRAN  | SPORTE                     | R OF O   | IL AN       | ND NATU        | RAL GAS                    |                       |                |                                       | <del></del>         |              |  |
| Name of Authorized Transporter of Oil                                   | רשרו                       | or Conder  | isate       |                | Address (Giv               | e address to w        |                |                                       |                     | ent)         |  |
| PERMIAN SCURLOCK PER  | rmitán cof                 | RP EFF 9-  | 1-91        | _              | PO Box                     | 1183, Н               | ouston,        | TX //0                                | ΩŢ                  |              |  |
| Name of Authorized Transporter of Casing                                | e address to wi            | dress to which approved copy of this form is to be sent) |             |                |                            |                       |                |                                       |                     |              |  |
| Warren Petroleum Co.  |                            | PO Box 1589, Tulsa, OK 74101                             |             |                |                            |                       |                |                                       |                     |              |  |
|   | 1 77 %                     | Con  | TT          | n              | Is gas actuall             |                       | When           |                                       | <del></del>         |              |  |
| If well produces oil or liquids, give location of tanks.                | Unit  <br>  P              | Sec.<br>20   | Twp.<br>13: |                | Yes                        | y connected?          |                | 10-23-89                              | )                   |              |  |
| If this production is commingled with that f                            | from any oth               | er lease or  | pool, gi    | ive commingl   | ing order num              | ber:                  |                |                                       |                     |              |  |
| IV. COMPLETION DATA   |                            |  |             |                |                            |                       |                |                                       |                     |              |  |
|   |                            | Oil Well   |             | Gas Well       | New Well                   | Workover              | Deepen         | Plug Back                             | Same Res'v          | Diff Res'v   |  |
| Designate Type of Completion  | - (X)                      | l X  | -           |                | X                          | I                     | 1              |                                       |                     | _l           |  |
| Date Spudded  | Date Compl. Ready to Prod. |  |             |                | Total Depth                | Total Depth           |                |                                       |                     |              |  |
| 7-31-39   | 11-1-89                    |  |             |                | 11525'                     |                       |                |                                       | 11380'              |              |  |
|   |                            |  |             |                |                            | Top Oil/Gas Pay       |                |                                       | Tubing Depth        |              |  |
| Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation         |                            |  |             |                |                            | 11087'                |                |                                       | 10894'              |              |  |
| 4331.5' GR Atoka  |                            |  |             |                |                            | 11001                 |                |                                       | Depth Casing Shoe   |              |  |
| Perforations<br>11087–11094'  |                            |  |             |                |                            |                       |                |                                       | 11525'              |              |  |
| 11087-11094   |                            |  |             |                |                            | VG DEGOD              |                | 1                                     |                     |              |  |
|   | TUBING, CASING AND         |  |             |                |                            |                       |                | <del></del>                           |                     |              |  |
| HOLE SIZE   | CASING & TUBING SIZE       |  |             |                | DEPTH SET                  |                       |                |                                       | SACKS CEMENT        |              |  |
| 173"  | 13-3/8"                    |  |             |                | 448'                       |                       |                | 450 sx                                |                     |              |  |
| 12½"  | 8-5/8"                     |  |             |                | 3850'                      |                       |                | 1                                     | 1300_sx             |              |  |
| 7-7/8"  | 5½"                        |  |             |                | 11525'                     |                       |                | 2550 sx                               |                     |              |  |
| 1-110   | 2-7/8"                     |  |             |                |                            | 10894'                |                |                                       | <u> </u>            |              |  |
| THE PLANT IND PROVIDE   | T POD A                    |  |             | <del>,,,</del> | l                          | 10094                 |                | <del>-1</del>                         |                     |              |  |
| V. TEST DATA AND REQUES   | IFURA                      | LLLUW  | ADLE        |                |                            |                       | amabla for th  | is death or he f                      | for full 24 hou     | er 1         |  |
| OIL WELL (Test must be after re   |                            |  | of load     | oil and must   | De equal to of             | exceea top alle       | owavie jor in  | s aepin or ve j                       | Jul 24 HOL          | <del>/</del> |  |
| Date First New Oil Run To Tank  | Date of Te                 |  |             |                |                            | ethod (Flow, pu       | emp, gas iifi, | eic.j                                 |                     | İ            |  |
| 9-25-89   | 11-1-89                    |  |             |                |                            | wing                  |                | 100.00                                | Chales Size         |              |  |
| Length of Test  | Tubing Pressure            |  |             |                | Casing Pressure            |                       |                | Choke Size                            | Choke Size 26/64"   |              |  |
| 24 hrs  | 16                         | 160  |             |                |                            | PKR                   |                |                                       |                     |              |  |
| Actual Prod. During Test  | Oil - Bbls.                |  |             |                | Water - Bbls.              |                       |                | Gas- MCF                              | f - ' '             |              |  |
| 164   | 160                        |  |             |                | 4                          |                       |                |                                       | 540                 |              |  |
| GAS WELL  | <u> </u>                   |  |             |                |                            |                       |                |                                       |                     | _            |  |
| Actual Prod. Test - MCF/D   | Length of                  | Test   |             |                | Bbls. Conder               | sate/MMCF             |                | Gravity of C                          | ondensate           |              |  |
| 7,000 1000 1000   | Daga. G. 100               |  |             |                |                            |                       |                | İ                                     |                     |              |  |
| esting Method (pilot, back pr.) Tubing Pressure (Shut-in)               |                            |  |             |                | Casing Pressure (Shut-in)  |                       |                | Choke Size                            |                     |              |  |
| Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)             |                            |  |             |                | Casing 7 1000              | (                     |                |                                       |                     |              |  |
|   | <u> </u>                   |  |             |                |                            |                       |                |                                       | <del></del>         |              |  |
| VI. OPERATOR CERTIFIC   | ATE OF                     | COMI   | PLIA        | NCE            | 11 .                       | 011 004               | 10001          | ATIONI                                |                     | N1           |  |
| I hereby certify that the rules and regulations of the Oil Conservation |                            |  |             |                | OIL CONSERVATION DIVISION  |                       |                |                                       |                     |              |  |
| Division have been complied with and that the information given above   |                            |  |             |                |                            | 0 0 1000              |                |                                       |                     |              |  |
| is true and complete to the best of my knowledge and belief.            |                            |  |             |                | Date Approved NOV 2 9 1989 |                       |                |                                       |                     |              |  |
| is true and complete to the best of my knowledge and benefit.           |                            |  |             |                |                            | s whblove             | 'u'            | * * * * * * * * * * * * * * * * * * * |                     |              |  |
|   |                            |  |             |                | 11                         |                       |                |                                       |                     |              |  |
| Jeanely Lordin  |                            |  |             |                | ∥ By_                      | ORIGINAL              | SIGNED         | BY JERRY S                            | EXTON               |              |  |
| Signature   |                            |  |             |                | -                          | DIS                   | STRICTIC       | IPEDVICAS                             | EXION               |              |  |
|   |                            |  |             |                |                            | DISTRICT I SUPERVISOR |                |                                       |                     |              |  |
| Printed Name<br>11-27-89  | / = :                      | 051 74   | 8-14        | 71             | Title                      |                       |                | -                                     | . <del>11</del>     |              |  |
|   | (3)                        |  |             |                |                            |                       |                |                                       | •                   |              |  |
| Date  |                            | 1 ele  | ephone !    | 14U.           |                            |                       |                |                                       |                     |              |  |

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.

NOV 28 1989 OCD HOBBS OFFICE

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