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

	T	OTRA	NSPC	ORT OIL	AND NAT	UHAL GA	D Well AP	l No			
YATES PETROLEUM CORPORATION						Well API No. 30-025-30853					
iress 105 South 4th St.,			8821	0							
ason(s) for Filing (Check proper box) w Well Change in Transporter of: completion Oil Dry Gas ange in Operator X Casinghead Gas Condensate						Other (Please explain) CHANGE NAME FROM: RED DOG #1 TO: RED DOG AKA STATE in EFFECTIVE DATE: OCTOBER 1, 1991					
ange of operator give name Address of previous operator Taho	e Energ	gy, In	c., 39	09 W. 1	Industri	al Ave.,	Midland	l, TX 7	9703		
DESCRIPTION OF WELL	ANDIE	CE									
ase Name Red Dog AKA State	Well No. Pool Name, Including				8 Formation King State			Lease lederal or/Fee		Lease No. K-6231	
Cation Unit Letter	. 198	0 1650				and		et From The	East	Line	
Section 2 Townshi	p 14S		Range	33E	, NN	ирм,			Lea	County	
. DESIGNATION OF TRAN	ISPORTE	R OF O	IL AN	D NATUI	RAL GAS	T	A Can	Sp.			
ame of Authorized Transporter of Oil		or Conde			Address (Give	address to wh	ich approved	copy of this f	orm is to be se	nt)	
ne of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Giv	e address to wh	ich approved	copy of this f	orm is to be se	nt)	
well produces oil or liquids, Unit Sec.			Twp.	Rge.	is gas actually connected? Whe			1?			
this production is commingled with that	from any ot	her lease or	pool, gi	ve commingi	ing order num	ber:					
V. COMPLETION DATA		Oil Wel	11	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)		i_		İ	1		ļ	<u>i</u>	<u>i</u>	
Date Spudded Date Compl. Ready to Prod.					Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.)	Name of I	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations					<u></u>			Depth Casing Shoe			
		TUBING	. CAS	ING AND	CEMENT	NG RECOF	RD	.1			
HOLE SIZE					DEPTH SET			SACKS CEMENT			
	_							- 			
	_				 						
. TEST DATA AND REQUI	EST FOR	ALLOV	VABLI	3							
IL WELL (Test must be after			e of load	l oil and mus	be equal to o	r exceed top all lethod (Flow, p	lowable for th	is depth or be	for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of T	es			Flooring IV	tenion (1.10m, b	anthi San shi				
Length of Test	Tubing P	Tubing Pressure				sure		Choke Size			
	-	Oil - Bbls.				Water - Bbls.			Gas- MCF		
Actual Prod. During Test	OH - BO	15.			Water - Bo	•					
GAS WELL						·					
Actual Prod. Test - MCF/D	Length o	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFI I hereby certify that the rules and re Division have been complied with a js true and complete to the best of n	gulations of t nd that the in	he Oil Con formation (servation given abo	1	Da	OIL CO				,,,,,	
	Q .					o wholos					
<u> </u>)6-01l				Ву	1/419				Ν	
Signature Juanita Goodlett Production Supvr.								SUPERV			
Printed Name 11-5-91	f	(505)	Tide 748-1	-	Titl	θ					
11-J-91			Telephon		11						

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.