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Appropriate District Office
DISTRICT 1
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, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•			NOL		ו לאו מאוי	OF IAL GA					
perator		Well API No.									
YATES PETROLEUM CORPORATION						30-025-31181					
Address 105 South 4th St., I	Artesi	a, NM	8821	.0						<del></del>	
leason(s) for Filing (Check proper box)				_	Othe	r (Please explair	1)				
New Well	Oil	Change in	Transpo Dry Ga		T.C.0		-4 0	1 00			
Recompletion $\square$	Effective Date: 2-1-92										
Change in Operator											
change of operator give name and address of previous operator				1 1/2	•	1 1	<del> </del>			· · ·	
I. DESCRIPTION OF WELL A	ND LE	ASE /	Nor		ONOM	Dre la	PPCK	67	1.	ase No.	
Lease Name		Well No. Pool Name, Inch			_	_		Kind of Lease State, Federal on Fee		286 140.	
Fort AIO	1 Wildcat (			Canyon) Penn							
Location Unit Letter P	: 33	10	_ Feet Fr	om The S	outh Line	and996	<u>) Fo</u>	et From The _	East	Line	
	_							-			
Section 20 Township		3S	Range	34E	, N	лрм,	·	Lea		County	
OF Energy Operating LP		Energ									
II. <b>BESKIWATION</b> OF TRANS	<b>SPOET</b>			D NATU	AL GAS			samu of this fo	rm is to be se	m()	
Name of Authorized Transporter of Oil X or Condensate					Address (Give address to which approved copy of this form is to be sent)						
Enron Oil Trading & Transportation						P.O. Box 1188, Houston, TX 77151-1188  Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casing	head Gas		or Dry	Gas	Address (Giv	e address to wh	ich approved	copy of this fo	rm is 10 de se	ni)	
76 11 1 1 1 1 1 1 1 1 1 1	l tich	1 c	T	Rge.	Is gas actually connected?		When	When ?			
If well produces oil or liquids, give location of tanks.	Unit   Sec.   P   20		Twp.   Rge.   13S   34E		No		1 111101	1			
						her	I			<del></del>	
If this production is commingled with that f	any O	mici icasc Ol	hoor, Rr	e community	5 vicei nani						
Designate Type of Completion	- (X)	Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
		onl Ready	o Prod		Total Depth	<b></b>	l	P.B.T.D.		_1	
Date Spudded	Date Compl. Ready to Prod.				·			,			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing	g Shoe		
		TURING	CASI	NG AND	CEMENTI	NG RECOR	D	_ <u>'</u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			5	SACKS CEMENT		
HOLE SIZE	<del> </del>	NOING & 1	<u> </u>		·						
	<del> </del>										
	<del> </del>										
					╁──┈						
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE	2	<u></u>			<u> </u>			
OIL WELL (Test must be after r	ecovery of	total volum	e of load	oil and mus	be equal to o	r exceed top allo	owable for th	is depth or be j	for full 24 how	ors.)	
Date First New Oil Run To Tank		l'est			Producing M	lethod (Flow, pr	ımp, gas lift,	elc.)	1		
	m				Casing Pressure			Choke Size			
Length of Test	I notud 1	Tubing Pressure						1			
I Dud Duine Test	On Phie				Water - Bbl	<u></u>		Gas- MCF	Gas- MCF		
Actual Prod. During Test	Oil - Bb										
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
	·						0.4.8.				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	TATE	OF COM	MI.IA	NCE		011 00:		ATION	D1.4101	ONI	
Themby certify that the rules and remy	ilations of	the Oil Cons	servation			OIL COI	N2FH/	AHON	וסואוח		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above								1.01	ง N. 9 จากต	.,	
is true and complete to the best of my	knowledge	e and belief.	•		Dat	e Approve	ed	JA	N 2 3 '92	<u></u>	
	1			1							
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			(		∥ By.	0	ISTRICT I	BY JERRY SUPERVISO	SEATON.		
Juanita Goodlett -	rrodu	iction_			<b>II</b>	e				•	
Printed Name		(505) 7	Tide 748–1		Titl	e	·				
Dete		<u> </u>	clephone						•		
Date			cichion	. 170.							

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.