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

## State of New Mexico F 320, 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 TO TRANSPORT OIL AND NATURAL GAS

	<u> </u>			<u> </u>			337-11 4	DI No			
Operator  NAME OF THE POPULATION CORPORATION								Well API No. 30-025-31210			
YATES PETROLEUM CORPORATION							30-023-31210				
Address		NTA C	2021	0							
105 South 4th St., A	rtesia,	NM &	3821	<u> </u>	nı.	er (Please expla	in)		·- <u></u>		
Reason(s) for Filing (Check proper box)  New Well		Change in	Transe	orter of:		or is some exten	/				
	Oil		Dry C								
Recompletion	Casinghead	Gas 🗀	Conde								
f change of operator give name	Castiglicat		COLIG		WELL HAD	BEEN PLACE	D IN THE	2001			
it change of operator give name and address of previous operator						OW. IF YOU			· · · · · · · · · · · · · · · · · · ·	<del></del>	
•	ARITO Y EFA	CE		MOTH	Y INS DEF	ICE R	10091	4/1/94	/		
II. DESCRIPTION OF WELL A Lease Name	NID DEA	Well No.	Pool 1	Name. Includi	ng Formation 9	Estand		of Lease	L	ase No.	
Cerca AIX State		1			ermo Pei		State,	Hederal or/Fe	7 V-3	306	
Location	<u>.</u>		1					<u> </u>			
М	660				South Lin	810	). Ea	et From The	West	Line	
Unit Letter	.:		_ Feet I	rom The	Lin	e and	re	et riom ine _			
Section 4 Township	14S		Range	34E	E N	мрм,		Lea		County	
Section 4 Township			Kang		113						
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil	ry EO1	Grader	sate		Address (Giv	e address to wh	ich approved	copy of this f	orm is to be se	nt)	
EOTT Energy Corporation	on on	E4	gy O	perating L	PO Box	1188, Ho	uston,	TX 772	51-1188		
Name of Authorized Transporter of Casinghead Gas  X						Address (Give address to which approved copy of this form is to be sent)  PO Box 1188, Houston, TX 77251-1188  Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Corp	oration	لخفيا.	- <b></b> ,		PO Box	1589, Tu	ılsa, Ok	74101			
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actual!	y connected?	When	When ?			
give location of tanks.	M	4		4S 34I			1	12-30-9	3		
f this production is commingled with that f	rom any othe	r lease or	pool. 2	ive commine	ing order num	ber:					
V. COMPLETION DATA			,		_						
T. COMILECTION STATE		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	X	i	,	Х	Ì	<u> </u>	İ	<u>l</u>	_1	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
10-7-93	1-31-94				10985'			10680'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
4142' Gr	Permo Penn				10285'			10610'			
Perforations								Depth Casing Shoe			
10285-10600'								1	0985 <b>'</b>		
						CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
26"	20"				40'			3 yds Redi-Mix			
17-1/2"	13-3/8"			430'			400 sx circulated				
12-1/4"	9-5/8"				4379'			1600	1600 sx circulated		
8-3/4"	5-1/2"				10985'			1800	1800 sx		
V TEST DATA AND REQUES	T FOR A	LLOW	ABLI	E /2-7	/8" @ 10	610'/	_				
OIL WELL (Test must be after re	ecovery of to	tal volume	of load	i oil and musi	be equal to or	r exceed top allo	owable for thi	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)										
12-17-93	1-31-94					Pumping					
Length of Test	Tubing Pressure			Casing Pressure			Choke Size 3/4" (Open)				
24 hrs	120				-			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.							
170.	28					142		53			
GAS WELL									•		
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	nsate/MMCF		Gravity of	Condensate		
EDVINCE & STORE & WEB - STORE FAR	Length of Test										
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
result tribulou (puot, ouch pr.)	Table 1										
THE COURT AND COURT OF THE COUR	A THE OF	CO1 6	DT TA	NOT	1			, ,			
VI. OPERATOR CERTIFIC					- 11	OIL CON	<b>ISERV</b>	<b>ATION</b>	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above					11.		• •	FEB 11 1934			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					1: 5-	- A	ام.	t Lu 1	<u>」 1334</u>		
is the and complete to the test of my knowledge and belief.					III' Date	e Approve	D		<u> </u>		
In anita Doodless					11			Signed I	<b>75</b>		
Signature Signature	ALLA				By_			STATE OF THE PARTY		<del></del>	
Juanita Goodlett - E							<del>اللا</del> غي				
Printed Name	E	)5/748	Title	<i></i> -	Title	· 					
2-8-94	<u></u>	13//48	<b>-</b> 14/	T	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.

Telephone No.

- 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.