Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico F 3y, 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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

000 Rio Brazos Rd., Aztec, NM 87410	REQUEST F	OR	ALLOWABI	LE AND A	UTHORIZ	ATION				
	TO TR	ANS	PORT OIL	AND NAT	URAL GAS	Well AF	No.			
Operator							25-31210			
YATES PETROLEUM CORPORATION										
Address		8821	10							
105 South 4th St., Ar	tesia, NM	002		Othe	(Please explain	1)				
Reason(s) for Filing (Check proper box)	Change	in Tran	sporter of:		•					
	Oil	Dry								
(ecompletion	Casinghead Gas		densate							
change of operator give name					EEN PLACED			4.4		
nd address of previous operator					OW. IF YOU T	1	NCUR			
I. DESCRIPTION OF WELL A	ND LEASE			Y IJHS OFF	/\ /	009/	<u>7///99 </u>	Te	ase No.	
Lease Name	Well No	o. Poo	l Name, Includin	g Formation	Jaund	State, F	ederal or/Feg	V-33		
Cerca AIX State	11		Vildcat P	ermo Pen			111111			
Location				South	. 810	_		West	Line	
Unit LetterM	:660	Fee	From The	South Line	and	Fee	t From The		Line	
,	14S	_	34E	N/A	IPM,		Lea		County	
Section 4 Township	145	Ran	ige 3413	, 140						
TO A NECTON A TO A NO	SPORTER OF	OII.	AND NATUI	RAL GAS						
II. DESIGNATION OF TRANSPORTER OF OIL AND NATUR					Address (Give address to which approved day)					
EOTT Energy Corporation					PO Box 1188, Houston, TX 77251-1188 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casingle	head Gas	or l	Dry Gas	Address (Giv	address to who	ich approved	copy of this fort 74101	n is to be set	nı)	
Warren Petroleum Corp	oration				1589, Tu	When				
If well produces oil or liquids, give location of tanks.	Unit Sec.	Tw	p. Rge. 148 34E	Is gas actuall YES	y connected?		12-30-93			
If this production is commingled with that f	rom any other lease	or pool	, give commingl	ing order num	per:					
V. COMPLETION DATA	·	•							biss Deeler	
	Oil W		Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion -	- (X)	X	<u> </u>	X Tarak Darah	<u> </u>		DRTD		_l	
Date Spudded	Date Compl. Read		d.	Total Depth 10985'			P.B.T.D. 10680'			
10-7-93	1-31-94			Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing		tion	10285'			10610'			
4142' Gr	Permo Pe	nn		1020			Depth Casing			
Perforations 10285-10600'							10	985'		
10283-10000	TURIN	IG. C	ASING AND	CEMENTI	NG RECOR	D				
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 sx circulated			
8-3/4"	5-1/2"			10985'			1800	1800 sx		
THE PROPERTY OF THE PARTY OF TH	T FOR ALLO	WAB	LE /2-7	/8" @ 10	<u>610'</u> /	Ll - £ dl-	in death on he fo	or full 24 hou	ars.)	
OIL WELL (Test must be after r	recovery of total volu	ume of l	oad oil and mus	t be equal to o	r exceed top alle lethod (Flow, pr	owavie jor in: ump. vas lifi	eic.)	, 2 7 7101		
Date First New Oil Run To Tank	Date of Test 1-31-94			Producing N	remod (<i>riow, pi</i> Pumping	michi See shel				
12-17-93				Casing Pres			Choke Size			
Length of Test	Tubing Pressure						3/4" (Open)			
24 hrs	Oil - Bbls.			Water - Bbls.			Gas- MCF			
Actual Prod. During Test	28			142			53			
170						-				
GAS WELL	1			Bbls Cond	ensate/MMCF		Gravity of C	ondensate		
Actual Prod. Test - MCF/D	Length of Test			Dulg, Collection Williams						
	Tubing Pressure ((Shut-in)	Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	Tubing Fressure ((=110e-111	,							
	TATE OF CO	A ATOT	TANCE					D. !! C.	~ \	
VI. OPERATOR CERTIFIC	JAIE OF CO	1VII L	Arki YULi Jion		OIL CO	NSERV	'ATION	DIVISIO	NC	
I hereby certify that the rules and regu Division have been complied with and	Hat the information	onserva n given	above				FLDI			
is true and complete to the best of my	knowledge and beli	ief.		Dat	e Approve	ed	1 4 12 3			
0	,			Da	e whhink	Ori	s. Signed b	Æ		
Quanta Doodux						P	Marie Kanta	-		
Complete		_		∥ By			Jobby Maria			
Juanita Goodlett -	Production	Supe	rvisor			_	,			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name 2-8-94

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title 505/748-1471

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.

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