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

## State of New Mexico ergy, Minerals and Natural Resources Depart

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                                                                                                                                                                                                                                                              |                                                                                   | 10110                                                                          |                                      |                   |             |                                                                            |                                                   | Well A                                       | PI No.                                                           |                          |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------|-------------------|-------------|----------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------|------------------------------------------------------------------|--------------------------|------------|--|
| erator YATES PETROLEUM CORPORATION                                                                                                                                                                                                                           |                                                                                   |                                                                                |                                      |                   |             |                                                                            | 30-025-32188                                      |                                              |                                                                  |                          |            |  |
|                                                                                                                                                                                                                                                              | KALIUN                                                                            | 1                                                                              |                                      |                   |             |                                                                            |                                                   |                                              |                                                                  |                          |            |  |
| ddress<br>105 South 4th St., Ar                                                                                                                                                                                                                              | tecia                                                                             | NM S                                                                           | 38210                                | )                 |             |                                                                            |                                                   |                                              |                                                                  |                          |            |  |
| leason(s) for Filing (Check proper box)                                                                                                                                                                                                                      | LESIA,                                                                            | 1111 C                                                                         |                                      |                   |             | XX Other                                                                   | (Please expla                                     | in)                                          |                                                                  |                          |            |  |
| lew Well                                                                                                                                                                                                                                                     |                                                                                   | Change in                                                                      | Transp                               | orte              | r of:       | -                                                                          |                                                   |                                              | ALLOWABLE                                                        | FOR J                    | AN. 1994   |  |
| Recompletion                                                                                                                                                                                                                                                 | Oil                                                                               |                                                                                | Dry G                                |                   |             | DEDEUD V                                                                   | 7000 DI                                           | 9901-99                                      | 18' UPPER                                                        | PENN                     |            |  |
| • —                                                                                                                                                                                                                                                          | Casinghea                                                                         | d Gas                                                                          | Conde                                | n sat             | e 🗌         | TERTOR                                                                     |                                                   | ,,,,,,                                       |                                                                  |                          |            |  |
| change of operator give name                                                                                                                                                                                                                                 |                                                                                   |                                                                                |                                      |                   |             |                                                                            |                                                   |                                              |                                                                  |                          |            |  |
| ad address of previous operator                                                                                                                                                                                                                              |                                                                                   |                                                                                |                                      |                   |             |                                                                            |                                                   |                                              |                                                                  |                          |            |  |
| I. DESCRIPTION OF WELL A                                                                                                                                                                                                                                     | ND LE                                                                             | ASE                                                                            |                                      |                   |             |                                                                            |                                                   | 1 177 - 4 -                                  | <u> </u>                                                         | T 10                     | ase No.    |  |
| Lease Name                                                                                                                                                                                                                                                   |                                                                                   | Well No.                                                                       | Pool 1                               | Nam               | e, Includin | g Formation<br>rmo Uppe                                                    | r Donn                                            |                                              | of Lease<br>Fjegeral of Fee                                      |                          | asc 110.   |  |
| Childress AKV                                                                                                                                                                                                                                                |                                                                                   | <u> </u>                                                                       | Sau                                  | na                | ers re      | THIO UPPE                                                                  | I renn                                            | FTTT                                         | 77777                                                            | <del></del>              |            |  |
| Location                                                                                                                                                                                                                                                     | 0.0                                                                               | 0                                                                              |                                      |                   | c o         | ., <b>+</b> h                                                              | 330                                               | _                                            |                                                                  | West                     | T :        |  |
| Unit LetterM                                                                                                                                                                                                                                                 | .:                                                                                | <u> </u>                                                                       | _ Feet I                             | Fron              | n The       | Line                                                                       | and                                               | Fe                                           | et From The                                                      |                          | Line       |  |
| 1 m                                                                                                                                                                                                                                                          | 14                                                                                | S                                                                              | Range                                |                   | 33E         | NN                                                                         | IPM,                                              | Lea                                          |                                                                  |                          | County     |  |
| Section 1 Township                                                                                                                                                                                                                                           | 14                                                                                | <u> </u>                                                                       | Kang                                 | E                 | <u> </u>    | , 1111                                                                     | 11 171,                                           |                                              |                                                                  |                          |            |  |
| II. DESIGNATION OF TRANS                                                                                                                                                                                                                                     | SPORTE                                                                            | R OF C                                                                         | II. A                                | ND                | NATUE       | RAL GAS                                                                    |                                                   |                                              |                                                                  |                          |            |  |
| Name of Authorized Transporter of Oil                                                                                                                                                                                                                        | TX)                                                                               | or Conde                                                                       | nsate                                |                   |             | Address (Give                                                              | address to w                                      | hich approved                                | copy of this form                                                | is to be se              | nt)        |  |
| EOTT Energy Corporation                                                                                                                                                                                                                                      | on                                                                                |                                                                                | _                                    | _ L               |             |                                                                            |                                                   |                                              | TX 7725                                                          |                          |            |  |
| Name of Authorized Transporter of Casing                                                                                                                                                                                                                     |                                                                                   |                                                                                | or Dr                                | ry G              | as          | Address (Giv                                                               | address to w                                      | hich approved                                | l copy of this form                                              | 1 is to be se            | nt)        |  |
|                                                                                                                                                                                                                                                              |                                                                                   |                                                                                |                                      |                   |             |                                                                            |                                                   | 1 348                                        |                                                                  |                          |            |  |
| If well produces oil or liquids,                                                                                                                                                                                                                             | Unit                                                                              | Sec.                                                                           | Twp.                                 |                   |             | Is gas actually                                                            | connected?                                        | When                                         | When ?                                                           |                          |            |  |
| give location of tanks.                                                                                                                                                                                                                                      | M                                                                                 | 1 1                                                                            |                                      |                   | 33e         | NO NO                                                                      |                                                   |                                              |                                                                  |                          |            |  |
| f this production is commingled with that f V. COMPLETION DATA                                                                                                                                                                                               | from any ot                                                                       | her lease of                                                                   | r pool, į                            | give              | commingi    | ing order name                                                             |                                                   |                                              |                                                                  |                          |            |  |
| V. COMPLETION DATA                                                                                                                                                                                                                                           |                                                                                   | Oil We                                                                         | 11 1                                 | G                 | as Well     | New Well                                                                   | Workover                                          | Deepen                                       | Plug Back  Sa                                                    | ame Res'v                | Diff Res'v |  |
| Designate Type of Completion                                                                                                                                                                                                                                 | - (X)                                                                             | l l                                                                            | " ¦                                  | <u> </u>          |             |                                                                            |                                                   | i                                            | i1                                                               |                          |            |  |
| Date Spudded                                                                                                                                                                                                                                                 |                                                                                   | npl. Ready                                                                     | to Prod                              | L                 |             | Total Depth                                                                |                                                   |                                              | P.B.T.D.                                                         |                          |            |  |
|                                                                                                                                                                                                                                                              |                                                                                   |                                                                                |                                      |                   |             |                                                                            |                                                   |                                              |                                                                  |                          |            |  |
| Elevations (DF, RKB, RT, GR, etc.)                                                                                                                                                                                                                           | F, RKB, RT, GR, etc.) Name of Producing Formation                                 |                                                                                |                                      |                   |             | Top Oil/Gas Pay                                                            |                                                   |                                              | Tubing Depth                                                     | Tubing Depth             |            |  |
|                                                                                                                                                                                                                                                              |                                                                                   |                                                                                |                                      |                   |             | <u> </u>                                                                   |                                                   |                                              | Depth Casing                                                     | Shoe                     |            |  |
| Perforations                                                                                                                                                                                                                                                 |                                                                                   |                                                                                |                                      |                   |             |                                                                            |                                                   |                                              | Depair Casing                                                    | She S                    |            |  |
|                                                                                                                                                                                                                                                              |                                                                                   | OT INTE                                                                        |                                      | cn.               | IC AND      | CEMENTI                                                                    | NG RECO                                           | RD                                           |                                                                  |                          |            |  |
|                                                                                                                                                                                                                                                              |                                                                                   | ASING &                                                                        |                                      |                   |             | CEIVILIA I I                                                               | DEPTH SE                                          |                                              | SA                                                               | ACKS CEM                 | ENT        |  |
| HOLE SIZE                                                                                                                                                                                                                                                    | C                                                                                 | ASING &                                                                        | IUBING                               | <u> </u>          | 120         |                                                                            | DEI III DE                                        | <u>'                                    </u> |                                                                  |                          |            |  |
|                                                                                                                                                                                                                                                              | -                                                                                 |                                                                                |                                      |                   |             | <del> </del>                                                               |                                                   |                                              |                                                                  |                          |            |  |
|                                                                                                                                                                                                                                                              | <del>                                     </del>                                  |                                                                                |                                      |                   |             | <u> </u>                                                                   |                                                   | _                                            |                                                                  |                          |            |  |
|                                                                                                                                                                                                                                                              | -                                                                                 |                                                                                |                                      |                   |             |                                                                            |                                                   |                                              |                                                                  |                          |            |  |
| V. TEST DATA AND REQUE                                                                                                                                                                                                                                       | ST FOR                                                                            | ALLOV                                                                          | VABL                                 | Æ                 |             |                                                                            |                                                   |                                              |                                                                  |                          |            |  |
| OIL WELL (Test must be after t                                                                                                                                                                                                                               | recovery of                                                                       | total volum                                                                    | ne of lo                             | ad a              | il and mus  | the equal to a                                                             | e exceed ton a                                    | llowable for th                              | nis depth or be to                                               | r full 24 ho             | urs.)      |  |
| Date First New Oil Run To Tank                                                                                                                                                                                                                               | Date of                                                                           | Test                                                                           |                                      |                   |             | t de equal to o                                                            | etteed top a                                      | 1:0                                          |                                                                  | <del></del>              |            |  |
|                                                                                                                                                                                                                                                              | Date of                                                                           | LOX                                                                            |                                      |                   |             | Producing M                                                                | lethod (Flow,                                     | pwnp, gas lift,                              | esc.)                                                            | <del></del>              |            |  |
|                                                                                                                                                                                                                                                              |                                                                                   |                                                                                |                                      |                   |             | Producing M                                                                | lethod (Flow,                                     | pwnp, gas lift,                              | , <b>e</b> ic.)                                                  |                          |            |  |
| Length of Test                                                                                                                                                                                                                                               | Tubing I                                                                          |                                                                                |                                      |                   |             | Producing N  Casing Pres                                                   | lethod (Flow,                                     | pump, gas lift,                              | Choke Size                                                       |                          |            |  |
|                                                                                                                                                                                                                                                              | Tubing I                                                                          | Pressure                                                                       |                                      |                   |             | Producing M  Casing Pres                                                   | ethod (Flow,                                      | pump, gas lift.                              | Choke Size                                                       |                          |            |  |
| Length of Test  Actual Prod. During Test                                                                                                                                                                                                                     |                                                                                   | Pressure                                                                       |                                      |                   |             | Producing M                                                                | ethod (Flow,                                      | pump, gas lift,                              | , <b>e</b> ic.)                                                  |                          |            |  |
|                                                                                                                                                                                                                                                              | Tubing I                                                                          | Pressure                                                                       |                                      |                   |             | Producing M  Casing Pres                                                   | ethod (Flow,                                      | pump, gas lift,                              | Choke Size                                                       |                          |            |  |
| Actual Prod. During Test  GAS WELL                                                                                                                                                                                                                           | Tubing I                                                                          | Pressure                                                                       |                                      |                   |             | Casing Press Water - Elbl                                                  | aure                                              | pump, gas lift.                              | Choke Size  Gas- MCF                                             |                          |            |  |
| Actual Prod. During Test                                                                                                                                                                                                                                     | Tubing I                                                                          | Pressure                                                                       |                                      |                   |             | Casing Press Water - Elbl                                                  | ethod (Flow,                                      | pump, gas lift                               | Choke Size                                                       |                          |            |  |
| Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D                                                                                                                                                                                                | Tubing I Oil - Bb                                                                 | Pressure                                                                       | <b>L</b> !=>                         |                   |             | Producing M  Casing Press  Water - Fibl  Bbls. Condu                       | ethod (Flow, , are                                | pump, gas liji,                              | Choke Size  Gas- MCF                                             |                          |            |  |
| Actual Prod. During Test  GAS WELL                                                                                                                                                                                                                           | Tubing I Oil - Bb                                                                 | Pressure                                                                       | hut-in)                              |                   |             | Producing M  Casing Press  Water - Fibl  Bbls. Condu                       | aure                                              | pump, gas liji,                              | Choke Size  Gas- MCF  Gravity of Co                              |                          |            |  |
| Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  Testing Method (pitot, back pr.)                                                                                                                                                              | Tubing I Oil - Bb Length                                                          | Pressure of Test Pressure (S                                                   |                                      |                   |             | Producing M  Casing Press  Water - Fibl  Bbls. Condu                       | ethod (Flow, , , , , , , , , , , , , , , , , , ,  | pump, gas liji,                              | Choke Size  Gas- MCF  Gravity of Co                              | ondensate                |            |  |
| Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  Testing Method (pitot, back pr.)  VI. OPERATOR CERTIFIC                                                                                                                                       | Tubing I Oil - Bb Length Tubing                                                   | Pressure of Test Pressure (S                                                   | virli                                | [A]               |             | Producing M  Casing Press  Water - Fibl  Bbls. Condu                       | ethod (Flow, , , , , , , , , , , , , , , , , , ,  | pump, gas liji,                              | Choke Size  Gas- MCF  Gravity of Co                              | ondensate                |            |  |
| Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  Testing Method (pitot, back pr.)  VI. OPERATOR CERTIFIC  I hereby certify that the rules and regu                                                                                             | Tubing I Oil - Bb Length Tubing CATE ( ulations of                                | Pressure  of Test  Pressure (S                                                 | VIILI<br>nservatio                   | ΛN on             | VCE         | Producing M  Casing Press  Water - Eibl  Bbls. Cond.  Casing Press         | ensate/MMCF sure (Shut-in)                        | ONSER                                        | Choke Size  Gas- MCF  Gravity of Co                              | ondensate<br>DIVISI      |            |  |
| Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  Testing Method (pitot, back pr.)  VI. OPERATOR CERTIFIC  I hereby certify that the rules and regulation of the polytision have been complied with any                                         | Tubing I Oil - Bb Length Tubing CATE ( ulations of d that the in                  | Pressure  of Test  Pressure (S  CF COI  the Oil Con  nformation                | VIILI<br>nservation<br>given a       | ΛN on             | VCE         | Producing M  Casing Press  Water - Eibl  Bbls. Cond.  Casing Press         | ensate/MMCF sure (Shut-in)                        | ONSER                                        | Choke Size  Gas- MCF  Gravity of Co                              | ondensate<br>DIVISI      |            |  |
| Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  Testing Method (pitot, back pr.)  VI. OPERATOR CERTIFIC  I hereby certify that the rules and regu                                                                                             | Tubing I Oil - Bb Length Tubing CATE ( ulations of d that the in                  | Pressure  of Test  Pressure (S  CF COI  the Oil Con  nformation                | VIILI<br>nservation<br>given a       | ΛN on             | VCE         | Producing M  Casing Press  Water - Eibl  Bbls. Cond.  Casing Press         | ensate/MMCF sure (Shut-in)                        | ONSER                                        | Choke Size  Gas- MCF  Gravity of Co                              | ondensate<br>DIVISI      |            |  |
| Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  Testing Method (pitot, back pr.)  VI. OPERATOR CERTIFIC  I hereby certify that the rules and regulation have been complied with any is true and complete to the best of my                    | Tubing I  Oil - Bb  Length Tubing  CATE (  ulations of d that the in y knowledge) | Pressure  OF CON the Oil Cor information the and belie                         | VIILI<br>nservation<br>given a       | ΛN on             | VCE         | Producing M  Casing Press  Water - Fibl  Bbls. Cond.  Casing Press  Date   | ensate/MMCF sure (Shut-in) OIL CC                 | ONSER                                        | Choke Size  Gas- MCF  Gravity of Co                              | ondensate<br>DIVISI<br>Ĝ | ON         |  |
| Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  Testing Method (pitot, back pr.)  VI. OPERATOR CERTIFIC  I hereby certify that the rules and regular polivision have been complied with and is true and complete to the best of my Signature. | Tubing I Oil - Bb Length Tubing CATE Culations of d that the in y knowledg        | Pressure  of Test  Pressure (S  CF COI  the Oil Cor  information  ge and belie | vITLI<br>nservation<br>given a<br>f. | (A)<br>on<br>abov | 4CE         | Producing M  Casing Press  Water - Eibl  Bbls. Cond.  Casing Press         | ensate/MMCF sure (Shut-in) OIL CC                 | ONSER                                        | Choke Size  Gas- MCF  Gravity of Cooke Size  VATION [ AN [ 2 19] | ondensate  DIVISI  Ĝ     | ON         |  |
| GAS WELL  Actual Prod. Test - MCF/D  Testing Method (pitot, back pr.)  VI. OPERATOR CERTIFIC  I hereby certify that the rules and regularision have been complied with and is true and complete to the best of my  Signature  Juanita Goodlett -             | Tubing I Oil - Bb Length Tubing CATE Culations of d that the in y knowledg        | Pressure  Of Test  Pressure (S  OF COINT  the Oil Connformation  ge and belie  | VITLI nservation given a f. Super    | \(\lambda\)       | VCE<br>e    | Producing M  Casing Pres  Water - Eibl  Bbls. Conde  Casing Pres  Data  By | ethod (Flow, paire sare (Shut-in) OIL CC e Approv | ONSER                                        | Choke Size  Gas- MCF  Gravity of Co                              | ondensate  DIVISI  Ĝ     | ON         |  |
| Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  Testing Method (pitot, back pr.)  VI. OPERATOR CERTIFIC  I hereby certify that the rules and regular polivision have been complied with and is true and complete to the best of my Signature. | Tubing I Oil - Bb Length Tubing CATE Culations of d that the in y knowledg        | Pressure  of Test  Pressure (S  CF COI  the Oil Cor  information  ge and belie | VITLI nservation given a f. Super    | \(\lambda\)       | VCE<br>e    | Producing M  Casing Pres  Water - Eibl  Bbls. Conde  Casing Pres  Data  By | ensate/MMCF sure (Shut-in) OIL CC                 | ONSER                                        | Choke Size  Gas- MCF  Gravity of Cooke Size  VATION [ AN [ 2 19] | ondensate  DIVISI  Ĝ     | ON         |  |

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.