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

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 ALLOWAB	LE AND AUTHORIZAT	TION				
I.	TO TRANSPORT OIL	AND NATURAL GAS					
Operator			Well API No.				
YATES PETROLEUM COF	RPORATION		30-041-20688				
Address							
105 South 4th St., A	artesia, NM 88210						
Reason(s) for Filing (Check proper box)		Other (Please explain)					
New Well	Change in Transporter of:	EEEEOMXXX / 1	0.0				
Recompletion	Oil X Dry Gas	EFFECTIVE 4-1	-90				
Change in Operator	Casinghead Gas Condensate						
If change of operator give name and address of previous operator	ND V DA CD						
II. DESCRIPTION OF WELL A			T				
II. DESCRIPTION OF WELL A	NO LEASE	a Farmatian	Vi-4 of L	I N-			

Address 105 South 4th St.,	Artosi	a NM	8821	10						
Reason(s) for Filing (Check proper box)	MILESI	.d, IVII	0021		Oth	er (Please expl	ain)			
New Well		Change in	Transpo	rter of:		•				
Recompletion	Oil	X	Dry Ga	s 🗌	EF	FECTIVE	4-1-90			Ì
Change in Operator	Casinghea	ad Gas 🔲	Conden	sate						
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LE	ASE				·				
Lease Name		Well No.	Pool Na	ame, Includ	ing Formation			of Lease No.		
WILCOX TS		2		Tomah	awk - SA	<u> </u>	State,	Federal or Fe	e PEE	
Location	1.0					0.01				
Unit LetterG	_ :19	080	Feet Fro	om The	North Lin	e and231	<u> </u>	ect From The	Last	Line
Section 19 Townshi	ip 79	3	Range	3	2E , N	мрм,		Roosevel	t	County
III. DESIGNATION OF TRAN	มร ะ คาสาย	TOTAL TOTAL	/A.NI	n Nati	RAL GAS					
Name of Authorized Transporter of Oil	IST OK E	or Condens	HEY!	Rollb:	Address (Giv	e address to wi	hich approved	copy of this	orm is to be se	eni)
Enron Oil Trading & T	ranspoi	-tiactum	} In	⊱93	İ					77251-11
Name of Authorized Transporter of Casin	ghead Gas		or Dry	Gas	Address (Giv	e address to wh	hich approved	t copy of this f	orm is to be s	int)
If well produces oil or liquids,	Unit		Twp.	Rge.						
give location of tanks. If this production is commingled with that	A A	19	/ aal aiv	32	No					
IV. COMPLETION DATA	from any our	ier iease or p	ooi, giv	e commung	ing order num	ocr		 -		
	~~	Oil Well	l d	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion Date Spudded		pl. Ready to	Prod	 	Total Depth	<u> </u>	l	10000	<u> </u>	1
Date sproder	Date Com	pi. Ready to	rioa.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations	<u>.</u>		<u>_</u>					Depth Casin	g Shoe	
· · · · · · · · · · · · · · · · · · ·										
	1				CEMENTI	NG RECOR	D		· · · · · · · · · · · · · · · · · · ·	
HOLE SIZE	CAS	SING & TU	BING S	IZE	ļ	DEPTH SET	· ·		SACKS CEM	ENT
										
	 									
V. TEST DATA AND REQUES										,
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Tes		load of	ii and musi		thod (Flow, pu			or juil 24 hou	75.)
Date First Circuit To Fink	Date of Tes	34.						,		
Length of Test	Tubing Pressure			Casing Pressure		Choke Size				
			Water - Bbis.		Gas- MCF					
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bois.		Odo* IVICT			
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF		Gravity of Condensate				
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)		Choke Size				
A ODED ATOD CEDTURE	ATT OT	COLET	TART	CE	<u> </u>	· · · · · · · · · · · · · · · · · · ·		1		
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			OIL CONSERVATION DIVISION							
							Date	Approved	d	APR :
			1	, ,	_				• •	
Signature and	villed			· · · · · · · · · · · · · · · · · · ·	∥ By_	e	RIGINAL	SIGNED BY	JERRY SE	XTON
a	D 1				11	_			SENVICAD.	

Quante !	a villed
Signature Juanita Goodlett	- Production Supvr.
Printed Name	Title
3-27-90	(505) 748-1471
Date	Telephone No.

Title

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.

Received.

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