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

State of New Mexico nergy, Minerals and Natural Resources Depart

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

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

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 Well API No Operator YATES PETROLEUM CORPORATION 30-025-25314 105 South 4th St., Artesia, NM 88210 Other (Please explain) \Box Change in Transporter of Dry Gas Oil Casinghead gas connected to pipeline Casinghead Gas Condensate

Address Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Will Cat Kind of Lease Lease No. State, Federal or Fee V-3211 Exper Penn Scratchy Ranch State Unit Undes. Canyon Location $\frac{-2310~{\it J}{\it c}\,{\it 3}{\it c}}{\it C}$ Feet From The $\frac{{\it South}}{\it Line}$ Line and $\frac{{\it contour}}{\it C}$ 1980 ___ Feet From The ___ East Unit Letter _ 14 15S 32E , NMPM, Section Township Range County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Texaco Trading & Transportation or Condensate PO Box 6196, Midland, TX 79711 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas PO Box 1689, Lovington, NM 88260 Warren Petroleum Is gas actually connected? If well produces oil or liquids, Rge. Unit Sec. Twp. When? give location of tanks. YES 1-7-92 J 14 15 32 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE **DEPTH SET** V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) OIL WELL Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Choke Size Casing Pressure Length of Test **Tubing Pressure** Gas- MCF Water - Bbis. Actual Prod. During Test Oil - Bbls. **GAS WELL** Gravity of Condensate Actual Prod. Test - MCF/D Bbls. Condensate/MMCF Length of Test Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above JAN 13'92 is true and complete to the best of my knowledge and belief. Date Approved Orig Signe

e (enila odter Signature Juanita Goodlett Production Supvr. Printed Name Title

L = 7 - 92Date

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

(505)

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

Paul Kautz

UGeologist

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

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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