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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

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

	٦ ٦	CTRA	NSP	ORT OI	_ AND NA	I URAL GA	15				
TC TRANSPORT OIL AND NATURAL GAS								Well Art No.			
YATES PETROLEUM CORPORATION							30-025-26591				
Address 105 SOUTH 4th	STREET,	ARTES	IA,	NM 88	210						
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator		Change in	Transp Dry G	orter of:	KX Othe CORRE	er (Please expla CT TRANSE KEMNITZ-	ORTER:		S COMMIN Z LOWER		
f change of operator give name					-						
and address of previous operator						<u> </u>					
II. DESCRIPTION OF WELL Lease Name	Well No. Pool Name, including rottmation							of Lease Federaly of For	_	ease No.	
Sombrero MS State		1	Ker	nnitz L	ower Wol	fcamp	J,	<u> </u>	1 10 3	,017	
Location Unit LetterJ	: 1650		. Feet F	From The .S	outh_Lin	and <u>1650</u>) Fe	et From The	East	Line	
Section 22 Townshi	_p 16S		Range	33	E , N	мрм,		Lea		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND NATU	RAL GAS	e address to wh	ich approved	conv of this f	orm is to be se	nt)	
Name of Authorized Transporter of Oil	XX F	O Conder	sale Jaron	v C	Aum Cas (O.)					•	
Name of Authorized Transporter of Oil XX FOR Condensate Enron Oil Trading & Transport 1 10 Files (140 Dr. Gard)						PO Box 1188, Houston, TX 77151-1188 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas Effective Dr. 6a93						460, Ho					
				Rge	- 10			hen ?			
give location of tanks.	J	22:	16	33	Yes		[6-	-30-80			
If this production is commingled with that	from any oth	er lease or	pool, g	ive commin	gling order num	ber:					
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	IOII Men	1 1	J48 17 EII	1		<u> </u>	Ĺ			
Date Spudded Date Compl. Ready to Prod.					Total Depth	Total Depth P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe					
		#T-577	040	TNIC ANT	CEMENITI	NG RECOR	D	1			
	TU 3ING, CASING AND CASING & TUBING SIZE				7 CLIVIEN II	DEPTH SET			SACKS CEMENT		
HOLE SIZE	UA	311 G & 11	טאוועט								
	 										
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLI	Ė	1	1			6 6-U 24 I	\	
OIL WELL (Test must be after	recovery of to	tal volume	of load	d oil and mu	st be equal to of	exceed top alle	owable for thi	s depth or be	jor juli 24 nou	73.)	
Date First New Oil Run To Tank Date of Test						Producing Medica (Prow, panty, gas 191, 191)					
Length of Test	Tubing Pre	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbis.				Water - Bbls.			Gas- MCF		
				·_	<u> </u>						
GAS WELL	Length of	Test			Bbls. Conde	nsate/MMCF		Gravity of G	Condensate		
Actual Prod. Test - MCF/D	Length of	Test									
Testing Method (pitot, back pr.)	Tubing Press re (Shut-in)				Casing Press	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	CATE OF	COM	PLIA	NCE			ISERV	ATION	DIVISIO	N	
I hereby certify that the rules and regulations of the Oi. Conservation Division have been complied with and that the information given above					-	OIL CONSERVATION DIVISION JUL 1 7 '92					
Division have been complied with and is true and complete to the best of my	i inai ine info knowledge a	nd pelief.	ed #DC	,,,,	Date	e Approve	ed		¥∠ 		
Leanite Dodlin					By_	By ORIGINAL SIGNED BY JERRY SEXTON BISTRICT I SUPERVISOR					
JUANITA GOODLETT - PRODUCTION SUPVR.						DK	STRICT I SI	PABE A 1301	•		
Printed Name 7-14-92	(505) 748-		1	Title)			· · · · · · · · · · · · · · · · · · ·	·	
Date		Tel	ephone	No.							

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 1) Request for allowable for newly drille 1 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.