

NEW MEXICO
MINERAL DEPARTMENT
OIL
GAS

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Yates Petroleum Corporation

207 South 4th St., Artesia, NM 88210

(a) for filing (Check proper box)

Change in Transporter of:
Oil ☒ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

CHANGE TRANSPORTER EFFECTIVE 3-5-86

Age of ownership give name
less of previous owner

DESCRIPTION OF WELL AND LEASE

Name: Hummingbird ADM State Well No.: 1 Pool Name, including Formation: NE Lovington Penn Kind of Lease: State, Federal or Fee State: LG 7355

Section: 8 Township: 16S Range: 37E NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Oil: Texas New Mexico Pipeline Co. Address (Give address to which approved copy of this form is to be sent): PO Box 2528, Hobbs, NM 88240

Casinghead Gas: Warren Petroleum Co. Address (Give address to which approved copy of this form is to be sent): PO Box 1589, Tulsa, OK 74101

Unit: G Sec: 8 Twp: 16s Rge: 37e Is gas actually connected? Yes When: 1-10-86

If production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Resv. Diff. Resv.
Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Producing Formations (DF, RKH, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Producing Formations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

Producing Method (Flow, pump, gas lift, etc.)
Length of Test Date of Test Casing Pressure Choke Size
Tubing Pressure
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

AS WELL

Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MCF Gravity of Condensate
Casing Pressure (psig) Choke Size
Producing Method (pump, back pr.) Tubing Pressure (psig)

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.

Production Supervisor
3-6-86

OIL CONSERVATION DIVISION

APPROVED MAR 1 2 1986

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE
This form is to be filed in compliance with RULE 11.1.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 11.1.
All portions of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Form C-104 must be filed for each pool in multiple.