

NEW MEXICO  
MINERAL DEPARTMENT

REGISTRATION	
EXPLORATION	
PRODUCTION	
OTHER	

Form C-104  
Revised 10-1-78

OIL CONSERVATION DIVISION  
P. O. BOX 7000  
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)

Oil

Gas

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)  
CHANGE TRANSPORTER EFFECTIVE 3-5-86

Name of ownership give name  
Address of previous owner

DESCRIPTION OF WELL AND LEASE

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

Section 8 Township 16S Range 37E NMPD, Lea County

Section Letter G 2086 Feet From The North Line and 554 Feet From The East

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Co.	PO Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Co.	PO Box 1589, Tulsa, OK 74101

Well produces oil or liquids, location of tanks. Unit G Sec. 8 Twp. 16s Rge. 37e Is gas actually connected? Yes When 1-10-86

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Reservoir
<input checked="" type="checkbox"/>								

Spudded: \_\_\_\_\_ Date Compl. Ready to Prod. \_\_\_\_\_ Total Depth \_\_\_\_\_ P.B.T.D. \_\_\_\_\_

Locations (DF, RKH, RT, GR, etc.): \_\_\_\_\_ Name of Producing Formation \_\_\_\_\_ Top Oil/Gas Pay \_\_\_\_\_ Tubing Depth \_\_\_\_\_

Locations: \_\_\_\_\_ 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)

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

AS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Sealing Method (spiral, back pr.)	Tubing Pressure (what-in)	Casing Pressure (what-in)	Choke Size

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.

Jerry Sexton  
Production Supervisor

3-6-86  
(Date)

OIL CONSERVATION DIVISION  
APPROVED MAR 12 1986, 19  
BY JERRY SEXTON  
DISTRICT I SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1102.  
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 111.  
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.