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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 ANSPORT OIL AND NATURAL GAS

•		IO INA	UNOL	$\subseteq$	IN I UIL	און טאו	UNAL GA	Well A	PI No	<del></del>			
Operator YATES PETROLEUM CORPORATION							Well			30-025-29685			
Address	<del></del>	<u></u>	JU UZJ - Z	-023-29003									
105 South 4th St.,	Artesia	a, NM	882	21(	0 .								
Reason(s) for Filing (Check proper box)		-				·	r (Please expla			NAME EF	FECTIVE		
New Well	NOVEMBER 1, 1993, AS FOLLOWS:												
decompletion Oil Dry Gas						FROM: Sweet Thing AEB State #1 TO: Sanmal Queen Unit #4							
Change in Operator	Casinghea	d Gas	Cond	en s	ate _	TO: Sa	nmal Que	en Unit	#4				
f change of operator give name nd address of previous operator							<del></del>				<del></del>		
I. DESCRIPTION OF WELL	AND LEA	ASE											
Lease Name	NIND DE	Well No.   Pool Name, Including					ng Formation		Kind of Lease		ease No.		
Sanmal Queen Unit		4 Sanma					al Queen		State Federal or Fee		961		
Location													
Unit Letter	: 1980	)	_ Fect	Fro	m The <u>So</u>	uth Lin	and <u>1980</u>	Fe	et From The	East	Line		
. 1	170		D		33	F NO	мРМ,	Lea			County		
Section 1 Township	, 17S		Rang	<u> </u>		L , N	virivi,	шса			<u> </u>		
II. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	NI	NATUI	RAL GAS							
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)												
Enron Oil Trading & Tra	ansport	ation				P. O. I	Box 1188	- Houst	on, TX	77151-1	188		
Name of Authorized Transporter of Casing	chead Gas		or D	ry (	Gas		e address to wh				ent)		
Warren Petroleum Corpo	ration	ation			<del></del>	P. O. Box 1589 - Tulsa							
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.		Rge.	Is gas actually connected?		•	When ? 9-29-86				
give location of tanks.  If this production is commingled with that i	I I	ar lesse or	17		33E				J-23-00				
If this production is commingled with that to IV. COMPLETION DATA	HOTH WITH OU	ICT TORBE OL	poor,	<b>61</b> ₹1	- Antimining	monii		:					
		Oil Wel	i j	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		1					<u> </u>	<u> </u>	<u></u>	<u> </u>			
Date Spudded	Date Com	pl. Ready to	o Prod	<b>.</b>		Total Depth			P.B.T.D.				
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth					
									Depth Casing Shoe				
Perforations						*			- Lynn Cash	-0			
		et in nic	C11	ÇD.	IC AND	CEMENT	NG RECOR	D.					
						CENTERY II	CEMENTING RECORD DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE				124		<u> </u>		_				
	<del> </del>						_						
	<del> </del>	<del></del> -											
V. TEST DATA AND REQUES	ST FOR	ALLOW	ABL	Æ				anable for al	ie dentk a- k-	for full 24 ha	urs.)		
OIL WELL (Test must be after t	recovery of t	otal volume	e of loc	ad c	oil and musi	Producing N	r exceed top all lethod (Flow, p	ump, eas lift	elc.)	joi juit 24 110	3./		
Date First New Oil Run To Tank	Date of To	est				Licencial N	ionion (t.ion) b	T 1 0 mm 1 19.1					
Length of Test	Tubing Pressure					Casing Pressure			Choke Size	Choke Size			
TenRit or rest	THOMES THOMAS												
Actual Prod. During Test	Oil - Bbls.					Water - Bbi	Water - Bbis.			Gas- MCF			
GAS WELL			-						· · · <u>•</u>	· ·			
Actual Prod. Test - MCF/D	Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate				
								Choko Siza					
Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)						Casing Pressure (Shut-in)			Choke Size				
						ــــــالــــــــــــــــــــــــــــــ			l				
VI. OPERATOR CERTIFIC	CATE O	F COM	PLL	A١	<b>VCE</b>		OIL CO	NSERV	/ATION	DIVISI	ON		
I hereby certify that the rules and regu	dations of th	e Oil Cons	ervatio	on.		11		1401111		2,7,01	J. 1		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.							e Approv	אווו א	v 2.4 10	193			
is true and complete to the best of my	THOMISTIRE	and Delibi.				Dat	e Approv	ea <u>nu</u>	, <u>,</u> , ,	700			
Kust Klou	)					_					CAN		
Signaturn Julia					<del></del>	∥ By.	OR.	IGINAL SIC	ENED BY J	ERRY SEXT	ON		
Rusty Klein	Pro	ductio			rk	11		DISTRI	CT I SUPE	K A 13Ck			
Printed Name	,	505) 7	Tit  48-		71	Title	e						
November 19, 1993	(		48- elepho										
Date		14	erebuo	nc i	. <del></del>	. ! !							

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
- 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.