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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, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION OPT OIL AND NATURAL GAS

Sanmal Queen Unit 1 Sanmal Queen Sample	se No. 51 Line County			
Reason(s) for Filing (Check proper box) Change in Transporter of: NOVEMBER 1, 1993, AS FOLLOWS: Recompletion Oil Dry Gas FROM: Sweet Thing AEB State #2 Change in Operator Chainghead Gas Condensate TO: Sanmal Queen Unit #1 To: Sanmal Queen Unit Unit Letter H	se No. 51 Line County			
Reason(s) for Filing (Check proper box) New Well Change in Transporter of: November 1, 1993, AS FOLLOWS: Recompletion Oil Dry Gas FROM: Sweet Thing AEB State #2 Change in Operator Casinghead Gas Condensate To: Sanmal Queen Unit #1 If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Sanmal Queen Unit State Heat State H	se No. 51 Line County			
Reason(s) for Filing (Check proper box) New Well	se No. 51 Line County			
Recompletion	Line County			
Casinghead Gas Condensate To: Sanmal Queen Unit #1 If change in Operator give name and address of previous operator or dead address of previous operator or the date of the date of previous operator or the date of	Line County			
If change of operator give name and address of previous operator operators give name and address of previous operators. Lease Name Sanmal Queen Unit 1 Sanmal Queen Unit Letter H : 1650 Feet From The North Line and 990 Feet From The East Section 1 Township 17S Range 33E NMPM, Lea THE DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X or Condensate Farm of Authorized Transporter of Oil X or Condensate Farm of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent, P. O. Box 1188 - Houston, TX 77151-118 Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent, P. O. Box 1188 - Houston, TX 77151-118 Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent, P. O. Box 1188 - Houston, TX 77151-118 Name of Authorized Transporter of Casinghead Gas X or Dry Gas Described Sent Composition of Unit Sec. Twp. Rge. Is gas actually connected? When? 1 1 1 178 33E yes 3-15-87 If this production is comminged with that from any other lease or pool, give commingling order number: 1V. COMPLETION DATA Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Resv Date Spudded Date Compl. Ready to Prod. Total Depth P. D. DEDILOGA Pay Tubing Depth Depth Casing Shoe	Line County			
II. DESCRIPTION OF WELL AND LEASE Lease Name Sanmal Queen Unit 1 Sanmal Queen Unit Letter H 1650 Feet From The North Line and 990 Feet From The East Section 1 Township 17S Range 33E, NMPM, Lea III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil S or Condensate P. O. Box 1188 - Houston, TX 77151-118 Name of Authorized Transporter of Casinghead Gas S or Dry Gas Address (Give address to which approved copy of this form is to be sent, P. O. Box 1189 - Tulsa, OK 74101 If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When? If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Designate Type of Completion - (X) Name of Producing Formation TUBING, CASING AND CEMENTING RECORD	Line County			
Lease Name Sanmal Queen Unit Location Unit Letter H Section 1 Township It S Range 33E NMPM, Lea It DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X or Condensate Enron Oil Trading & Transportation Name of Authorized Transporter of Casinghead Gas Warren Petroleum Corporation If well produces oil or liquids, Unit Sec. Twp. Rge. give location of tanks. If well Production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Designate Type of Completion - (X) Name of Producing Formation Name of Producing Formation Response of Casinghead Gas Yes School Sand Cast Sand Ca	Line County			
Pool Name, Including Formation Pool Name, Including Formation Sangal Queen Casage C	Line County			
Sanmal Queen Unit 1 Sanmal Queen 16595 Control Sanmal Queen 16595 Control Cont	County ()			
Unit Letter H : 1650 Feet From The North Line and 990 Feet From The East Section 1 Township 17S Range 33E , NMPM, Lea MI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil	County ()			
Section 1 Township 17S Range 33E ,NMPM, Lea III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil	County ()			
Mare of Authorized Transporter of Oil	v) 88			
Min. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil	38			
Name of Authorized Transporter of Oil X or Condensate Property of Casinghead Gas Enron Oil Trading & Transportation P. O. Box 1188 - Houston, TX 77151-118 Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent) Warren Petroleum Corporation P. O. Box 1589 - Tulsa, OK 74101 If well produces oil or liquids, give location of tanks. I 1 178 33E yes 3-15-87 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 Deepen Plug Back Sam	38			
Name of Authorized Transporter of Oil X or Condensale Enron Oil Trading & Transportation Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent) Warren Petroleum Corporation If well produces oil or liquids, pive location of tanks. I l l l l l l l l l l l l l l l l l l	38			
P. O. Box 1188 - Houston, TX //151-118	1)			
Warren Petroleum Corporation P. O. Box 1589 - Tulsa, OK 74101	''			
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When?				
give location of tanks. I 1 17S 33E yes 3-15-87 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 Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Depth Casing Shoe				
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HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMEI				
	SACKS CEMENT			
V. TEST DATA AND REQUEST FOR ALLOWABLE				
OVI WIFI I Get must be ofter 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	s.)			
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)				
Casing Pressure Choke Size	Choke Size			
Length of Test Tubing Pressure				
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF	Gas- MCF			
CASWELL				
GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate				
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size				
VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISIO	,			
I hereby certify that the rules and regulations of the Oil Conservation)N			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved NOV 2 4 1993)N			
Date Approved)N			
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Signature DISTRICT I SUPERVISOR	· · · · · · · · · · · · · · · · · · ·			
Rusty Klein Production Clerk	· · · · · · · · · · · · · · · · · · ·			
Printed Name Title November 19, 1993 (505) 748–1471 Title Title	· · · · · · · · · · · · · · · · · · ·			
November 19, 1993 (505) 748-1471 Date Telephone No.	· · · · · · · · · · · · · · · · · · ·			

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 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.

Submit 5 Copies
Appropriate District Office
DISTRICT I
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OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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YATES PETROLEUM CORPORATION							30-025-29761					
ddress 105 South 4th St.,	Arteei	a. NM	8821	0								
eason(s) for Filing (Check proper box)	*** rest	u, INT	0021		Othe	r (Please explai	in)	·				
lew Well		Change in	Transnor	ter of:		. , expiai						
ecompletion	Oil		Dry Gas		Eff	ective D	ate: 2-	1-92				
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change of operator give name		· · · · · · · · · · · · · · · · · · ·					-	-				
d address of previous operator	4 N ID Y IS	A CIE										
. DESCRIPTION OF WELL A	AND LE		Pool Na	me Includia	ng Formation		Kind o	{ Lease	T.	ase No.		
Sweet Thing AEB State		2		mal-Que	-			Federal or Fee		LG-8961		
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Unit Letter	- :		Feet Fro	om The $\frac{Nc}{2}$	Line	and	Fe	et From The _		Line		
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Name of Authorized Transporter of Casing	thead Gas'	Odes	tor Dry	Gas		e address to wh				nt)		
Warren Petroleum Cc.	1	la la la			P.O. Box. 1589, Tul			When?				
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V. COMPLETION DATA			2 Br						· · · · · · · · · · · · · · · · · · ·			
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Designate Type of Completion	- (X)	_L_						<u></u> _	<u> </u>			
Date Spudded	Date Com	pl. Ready to	o Prod.		Total Depth			P.B.T.D.				
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. TEST DATA AND REQUES	T FOR	ALLOW	ABLE		·!							
IL WELL (Test must be after r	ecovery of I	otal volume	of load	oil and must					for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of T	est			Producing M	ethod (Flow, pu	ımp, gas lift, i	etc.))			
				Carina Program				Choke Size				
ngth of Test Tubing Pressure					Casing Press	; nie		CHORD DIZE				
Actual Prod. During Test	Obla			Water - Bbls.			Gas- MCF					
Scient Lion Dining Test	Oil - Bbl	1-				-						
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GAS WELL Actual Prod. Test - MCF/D	enoth o	Test			Bbls Conde	nsate/MMCF	·····	Gravity of	Condensate			
	Langui O	Length of Test				MAIN COMMINGENTATION						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
(Fuert anny ly)	Taoing Tressure (Sina-m)											
VI. OPERATOR CERTIFIC	'ATE O	F COM	PIIAN	JCF								
I hereby certify that the rules and regu		•		.00		OIL COI	NSERV	ATION	DIVISIO	JN		
Division have been complied with and	that the inf	ormation gi	iven abov	c	1	:			2 3 '92			
is true and complete to the best of my			•		∥ · Dot	Annrove	hd	MAU	₩ O 27			
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Signature	Produ	otion '	Sunir		∥ By₋			SUPERVIS				
Juanita Goodlett -	11000	CCIOII	Title	•						•		
1-16-92	(505) 7		71	Title)						
Date	`		lephone		11							

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