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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., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•		TO TRA	NSP	OHI OIL	AND NA	I UHAL GA	10	Well A	PI No			
Operator YATES PETROLEUM CO	•	Well API No. 30-025-29860										
Address	W OWT											
105 South 4th St.,	Artesi	a, NM	882	10		(P)		TT A ST C	D TIDIT C	IAME EEE	ECTTUE	
Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate						NOVEMBER 1, 1993, AS FOLLOWS: FROM: Hoover ADR State #4 TO: Sanmal Queen Unit #7						
change of operator give name												
nd address of previous operator		. 073									•	
I. DESCRIPTION OF WELL A	AND LEA	Well No.	Pool N	lame, Includi	ng Formation			Kind of Lease			Lease No.	
Sanmal Queen Unit	_				Sanmal Queen				Rederal or Fee	LG-3	LG-3345	
ocation Unit Letter N	: 99()	Feet F	rom The	South Lin	e and198	30	Fe	et From The _	West	Line	
Section 1 Township	. 17S		Range	33E	, N	мрм,	Le	a			County	
II. DESIGNATION OF TRAN		R OF O	IL AN		RAL GAS	ve address to wi			of this 6	orm is to be se	mt)	
Name of Authorized Transporter of Oil		or Conde	nsale		Address (On							
Navajo Refining Company Name of Authorized Transporter of Casinghead Gas X or Dry Gas						P. O. Drawer 159 - Artesia, NM 88210 Address (Give address to which approved copy of this form is to be sent)						
Warren Petroleum Corpo	ration				P. O. Box 1589 -			ulsa	, OK 7	4101		
If well produces oil or liquids,	Unit	Sec.	Twp.	-		to bus necessary commercial		When	3-4-87			
ive location of tanks.	I I	les les co	175			es ıber:	i		3-4-0	<u>′ </u>		
this production is commingled with that V. COMPLETION DATA	nom any ou	ICI ICASC UI	hoor, gr	· · · · · · · · · · · · · · · · · · ·								
	<u> </u>	Oil Wel	1	Gas Well	New Well	Workover	De	epen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		nl Pandari	o Prod		Total Depth	<u> </u>	<u>. </u>		P.B.T.D.	L		
Date Spudded Date Compl. Ready to Prod.					•				- ID14101			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations						-			Depth Casin	g Shoe		
		TUBING	, CAS	ING AND	CEMENT	ING RECOR	ND _					
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
					 				-		<u> </u>	
	- 											
												
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE	<u>C</u>			lawa hil	e for thi	ie denth or he	for full 24 hou	ers.)	
OIL WELL (Test must be after a Date First New Oil Run To Tank	recovery of I	total volum	e of load	oil and mus	Producing N	r exceed top all Method (Flow, p	ump, 8	as lift, o	elc.)	, ,		
Date First New Oil Kun 10 lank	Date of Test											
Length of Test	Tubing Pressure			Casing Pressure				Choke Size				
Contract Parison Proc	Oil - Bbls.				Water - Bbl	Water - Bbls.			Gas- MCF			
Actual Prod. During Test												
GAS WELL			-						<u> </u>	· ·		
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF				Gravity of Condensate			
					Casing Pressure (Shut-in)				Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)											
VI. OPERATOR CERTIFIC	CATE O	F COM	PLIA	NCE		OIL CO	NSI	=RV	'ATION	DIVISION	NC	
I hereby certify that the rules and regu Division have been complied with an	ulations of th	ie Oil Cons	ervation	l		J.L 00			ov 24		- · ·	
Division have been complied with and is true and complete to the best of my	u mat me m knowledge	and belief.	A A CH WOO	,,,	ll · Dat	te Approv	ed		U	1333		
// * V1						o , ippiov				 		
Dusly Tilen)				By	ORIGIN				Y SEXTON		
Signature Rusty Klein	Pro	ductio					DIST	RICT I	SUPERVIS	OR		
Printed Name		505) 7	Title		Titl	е						
November 19, 1993 Date			elephone					-				
			-									

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.