Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

## 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	REQUEST F		BLE AND AUTHORIZ	'ATION				
•			L AND NATURAL GA					
Operator					Well API No.			
YATES PETROLEUM CORPORATION  Address					30-025-29889			
105 South 4th St.,	Artesia, NM	88210						
Reason(s) for Filing (Check proper box)			Other (Please explai	n)				
New Well		Transporter of:		-	1 10			
Recompletion $\square$	,	Dry Gas	EFFECTIVE DATE:	Janu	ary 1, 19	91		
Change in Operator  f change of operator give name	Casinghead Gas	Condensate		<u> </u>		<del> </del>		
ad address of previous operator			······································					
I. DESCRIPTION OF WELL . Lease Name	AND LEASE Well No.   Pool Name, Including		ne Formation   Kind		of Lease No.			
Tex-Gulf AEN State	1-Y Sanmal-Que				Person 1977   LG 8962			
Location				<del> </del>	<del></del>	<del>-1</del>		
Unit Letter P	990	Feet From The	South Line and 330	) Fe	et Prom The	East	Line	
Section 2 Township	17S	Range 33E	, NMPM,	. 1 '11'	Lea		County	
II. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATU						
Name of Authorized Transporter of Oil Navajo Refining Co.	or Conde	neste	Address (Give address to which approved copy of this form is to be sent) PO Box 159, Artesia, NM 88210					
Name of Authorized Transporter of Casing	horized Transporter of Casinghead Gas or Dry Gas			Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids,	Unit Sec.		is gas actually connected?	When	?			
If this production is commingled with that	P 2	17s   336	<del></del>					
V. COMPLETION DATA	HOIR MILY OTHER TEAMS OF	poor, give consinu	gring order number.					
Designate Type of Completion	Oil Wel	l Gas Well	New Well Workover	Deepen	Plug Back   Sa	me Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready t	o Prod.	Total Depth		P.B.T.D.		<u> </u>	
EL (DE DED DE CD )	N. CD. L. L.		Top Oil/Gas Pay					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Old Car Lay		Tubing Depth			
Perforations					Depth Casing	Shoe		
	TURING	CASING ANT	CEMENTING RECOR	D	.1	······································	<del></del>	
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
V. TEST DATA AND REQUES								
OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of Test	of load oil and mu	st be equal to or exceed top allo Producing Method (Flow, pu			full 24 how	rs.)	
Date Life Lea Oil You to 1suir	Date of test		I township intuine (1 1017) per					
Length of Test	Tubing Pressure		Casing Pressure		Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF			
	0.1 20.0.					····		
GAS WELL								
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Sh	ut-in)	Casing Pressure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC	CATE OF COM	PLIANCE	011 001	ICEDV	ATION	NACIO	NA I	
I hereby certify that the rules and regu				vo⊑⊓∨ ∷∷	ATION D		ЛV	
Division have been complied with and is true and complete to the best of my	z unat une information gi knowledge and belief.	IVER ROOVE	Data Assessed	ا ـ		Sec. 2.9		
. ()	7		Date Approve			<del></del>		
tantas	adless		ByORIGI	NAL SIGN	ED BY JERRY	SEXTON	1	
Juanita Goodlett -	Production	Supvr.		DISTRICT	1 SOMEKAIŞ	<del>)                                    </del>		
Printed Name	(505) 3	Title	Title					
12-14-90 Date		48-1471 clephone 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.