Submit 5 Copies
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

990

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Navajo Refining Co.

If well produces oil or liquids,

Name of Authorized Transporter of Casinghead Gas or Dry Gas

Unit

Warren Petroleum Corporation

1000 Rio Brazos Rd., Azzec, NM 87410  REQUEST FOR ALLOWABLE AND AUTHO	RIZATION
I. TO TRANSPORT OIL AND NATURAL	
Operator	Well API No.
YATES PETROLEUM CORPORATION	30-025-29977
Address 105 South 4th St., Artesia, NM 88210	
Reason(s) for Filing (Check proper box)  Other (Please	explain)
New Well Change in Transporter of:	
Recompletion Oil K Dry Gas EFFECTIV	E DATE: January 1, 1991
Change in Operator Casinghead Gas Condensate	
If change of operator give name and address of previous operator	
II. DESCRIPTION OF WELL AND LEASE	Kind of Lease Lease No.
Lease Name Well No. Pool Name, Including Formation	
Billy AES State   1   Sanmal - Queen	State) rederal or ree V-1671
Location Unit Letter $\frac{D}{}$ : $\frac{990}{}$ Feet From The $\frac{North}{}$ Line and $\frac{3}{}$	30 Feet From The West Line
Section 12 Township 17S Range 33E , NMPM,	Lea County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	to which approved copy of this form is to be sent)
Name of Authorized Transporter of Oil X EOT r Entergy Corp. Address (Give address	

PO Box 159, Artesia, NM 88210

P.O. Box 1589 - Tulsa, OK

Address (Give address to which approved copy of this form is to be sent)

When?

give location of tanks.	$D_{\perp}$	12.	$T \sqrt{2}$	33E	<u> </u>	<u>a</u>	l	10-41-81		
If this production is commingled with that IV. COMPLETION DATA	rom any othe	er lease or p	ool, gi	ive commin	gling order muni	ber:				
Designate Type of Completion	- (X)	Oil Well	i	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth				
Perforations								Depth Casir	ng Shoe	
	T	UBING,	CAS	ING ANI	CEMENTI	NG RECOR	D	_!		
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLF	<u> </u>				<u></u>		

Rge. Is gas actually connected?

(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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls.

		<del></del>		
GAS WELL				
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
			Challe Sign	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	İ		i	

VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION

I hereby certify that the rules and regularities in the property of the best of my signature  Signature  Juanita Goodlett	that the information given above	Date Approved  Original Property of the Proper	DEC 191
Printed Name 12-14-90	Title (505) 748-1471	Title	
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.