Submit 5 Cepies
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

		UIHA	NSP	UH I OI	L AND NA	I UNAL GA	Well	API No.			
erator YATES PETROLEUM CO	RPORATI	ON									
dress 105 South 4th St.,			882	10							
ason(s) for Filing (Check proper box)	ALCOIA	, 1111			Oth	er (Please expla	iin)				
w Well	(	Change in			CI	HANGE TRA	MCDADT	ro rrerc	rrve 9_1	90	
completion	Oil		Dry G		G	TANGE INF	MOFURI	ER EFFEC	ITAR D. 1	. 70	
nange in Operator	Casinghead	Gas [_]	Conde	<b></b>							
change of operator give name i address of previous operator	<del> </del>							<del></del>			
DESCRIPTION OF WELL			1				Vind	of Lease	1.	ease No.	
ease Name Billy AES State		Well No.		nma1-C	ding Formation		****	State, Pedieral or Fre		V-1671	
ocation	1		1								
Unit LetterD	_ :990	) 	Feet F	rom The _	North Lin	e and330	). F	eet From The	West	Line	
Section 12 Townshi	n 17	'S	Range	2.5		MPM,		Lea		County	
500104					UD 41 G46						
I. DESIGNATION OF TRAN					Address (Gir	ve address to w	hich approve	d copy of this f	orm is to be s	ent)	
lame of Authorized Transporter of Oil Enron Oil Trading &	Tr <del>an</del> spoi	tatio	on Co	,	РО В	ox 1188,	Housto	n, <b>†</b> X 7	7151-11	88	
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum								sa, OK 74101 Vhen?			
f well produces oil or liquids, ve location of tanks.	Unit   Sec.   D   12		Twp.   R		is gas actually connected?		•	10-27-87			
this production is commingled with that					<del> </del>						
V. COMPLETION DATA	,										
Designate Time of Completion	- (X)	Oil Wel	1 1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded	Date Comp	l. Ready t	o Prod.		Total Depth	- <b>L</b>	<b></b>	P.B.T.D.	.1	l	
				7 01/000	Day		Tuking De-th				
vations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Otvosa	Top Oil/Gas Pay			Tubing Depth		
erforations								Depth Casi	ng Shoe		
					70 CT) (T) W	TO DECOI	0.0				
					D CEMENT	CEMENTING RECORD DEPTH SET			SACKS CEMENT		
HOLE SIZE	CAS	CASING & TUBING SIZE				DEFINIOL					
	<del></del>										
	OT FOR	11011	/ A DY	r			<del> </del>				
/. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR A	LLLUM Val valum	ABL e of loa	C. d oil and m	ust be equal to t	or exceed top al	lowable for	this depth or be	for full 24 ho	urs.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Te		- 0,		Producing 1	Method (Flow, p	oump, gas lif	i, etc.)			
						sgurė		Choke Size	Choke Size		
ength of Test Tubing Pressure					Casing 11						
Actual Prod. During Test Oil - Bbls.				,	Water - Bb	ls.		Gas- MCF			
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbls. Cond	lensate/MMCF		Gravity of	Condensate		
Actual Prog. 1681 - MCP/D	Lengui or rea							On the State			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pre	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFI	CATEO	E CON	(PI I	ANCF				\	DN // C	ON	
I hereby certify that the rules and res	ulations of the	Oil Con	servatio	n		OIL CO	NSER	VATION	וטועוטו	ON	
Division have been complied with at	id that the info	ormation (	given at	ove					رم افر	100	
is true and complete to the best of m			•		Da	ite Approv	'ea				
A contrado	ollis				_					TOM	
7.7	- Produc		Sun		Бу						
- Guantea Goodan				/ L .	11						
Printed Name		505)	Tit	le	-    <sub>Tit</sub>	le					

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.