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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 Battom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

i		T	O TRA	NSP	ORT OIL	AND NAT	URAL GA	S	by NT			
Operator YATES PETRO	LEUM CO	RPORATI	ON					Well A	Pl No.			
ddress 105 South 4t	St.	Artesia	, NM	882	1.0							
eason(s) for Filing (Check pe						Othe	r (Please expla	in)				
lew Well			Change in	Ттапар	orter of:						0.0	
tecompletion		Oil	XX	Dry G	A	СН	ANGE TRA	ANSPORTE	R EFFECT	TVE 9-1	-90	
change in Operator	Casinghead	inghead Gas Condensate										
change of operator give nam	.											
d address of previous operate	ж											
I. DESCRIPTION OF	WELL A	ND LEA	SE _									
Petrus AEO State		Well No.			lame, Includi anmal Q	ng Formation ueen			Kind of Lease State, Fedgin / po/Fice		Lease No. B-2516	
ocation	2	. 990			201	North	1	650 _{Ea}	et From The _	East	Line	
Unit Letter B		170		225				10	Lea		County	
Section 11	Township			Range			ирм,		Lea		Count	
II. DESIGNATION O		SPORTE	R OF O	IL A	UTAN DI	RAL GAS	e address to wi	Lich conserved	cany of this fo	rm is to he ea	nt)	
Name of Authorized Transpor	ter of Oil ling & T	XX Tansno	or Conde rtatio		\Box	PO Bo	0×1188	Houston	, +X 7	7151-118	8	
Enron Oil Trading & Transportation Co. Name of Authorized Transporter of Casinghead Gas or Dry Gas Harron Patroloum					Address (Give address to which approved copy of this form is to be sent) PO Box 1589, Tulsa, OK 74101							
Warren Petroleum				Twp.	Rge.	+ · · · · · · · · · · · · · · · · · · ·		When ?				
If well produces oil or liquids rive location of tanks.	Unit Sec. B 11		117 33		ye		<u>.</u>	10-27-87				
f this production is comming	ed with that f				ive commine	ling order num	ber:					
V. COMPLETION D	ATA	Tom any can						1 5	Dive Beek	Same Res'v	Diff Res'v	
Designate Type of C	ompletion -	- (X)	Oil Wel	1 	Gas Well	New Well	Workover 	Deepen	Plug Back	Same Res V	Dill Kesv	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, G)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth				
Perforations								Depth Casing Shoe				
					IDIO AND	CELENTI	NC DECOI	DD	<u> </u>			
		TUBING, CASING AND				DEDTU CE	<u>(D</u>	SACKS CEMENT				
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			 	SAUNS OLIVI	<u></u>		
		ļ							-			
		- 										
TI OFFICE TO A TO A A NIT	DECHE	CT FOD	ATTOW	VARI.	F.							
V. TEST DATA ANI	REQUE	31 FUR /	ALLUV	e of los	es d oil and mu	si be equal to o	r exceed top al	llowable for th	is depth or be	for full 24 hou	ors.)	
OIL WELL (Test in Date First New Oil Run To		Date of To		E 0) 100	<u> </u>	Producing N	lethod (Flow, p	oump, gas lift,	eic.)			
					Casing Press	sire		Choke Size	Choke Size			
Length of Test		Tubing Pressure				Outing a resource			0. 1/00			
Actual Prod. During Test	Oil - Bbls.				Water - Bbi	Water - Bbis.			Gas- MCF			
GAS WELL		1										
Actual Prod. Test - MCF/D Length of Test					Bbls. Conde	nsate/MMCF		Gravity of Condensate				
Testing Method (pitot, back	pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR C	ERTIFIC	CATE O	F COM	/PLI	ANCE		OIL CO	NSER\	/ATION	DIVISI	ON	
I hereby certify that the	rules and regi	ulations of th	e Oil Con	servalio	a							
Division have been com	plied with an	a that the inf	ormation and belief	Riach #r	MV6		A	rod	AUF	É	j	
is true and complete to	ne best of my	, Firomicale	THE PERIOR	-		11	te Approv					
Accasida.	Doug	tett				Bv		37 38 5 2	Sec. 10. 10.	<u> </u>	10 V	
Signature Juanita Good	,	- Produ	ction	Supv	r.			*,				
Printed Name	LIELL			Tit	le	Titl	θ					
8-24-90		(505)			. ''''	<u> </u>					
Date				Telepho	ne No.	II.						

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.