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

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

•	TO TRA	ANSPORT OIL	AND NATURAL GA	S		
Operator				Well API No.		
YATES PETROLEUM CO	KPUKALIUN					
105 South 4th St.,	Artesia, NM	88210	Other (B)	<u></u>		
Reason(s) for Filing (Check proper box)	Q	n Transporter of:	Other (Please explain	n)		
New Well		Dry Gas	CHANGE TRA	NSPORTER EF	FECTIVE 9-1-90	
Recompletion \square	Casinghead Gas					
f change of operator give name nd address of previous operator						
	ANDIRASE					
I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including			Kind of Lease			
Billy AES State	2	Sanmal-Q	ueen	State, Pedigral	bd Flet V-1671	
Location	. 530	N	orth Line and 1750	Feet From	The West Li	
Unit LetterC	_ :	_ Feet From The _N	OT CHI LINE and	Peet Floii	1 1116	
Section 12 Township	p 17s	Range 33e	, NMPM,	Lea	County	
III. DESIGNATION OF TRAN	ISPORTER OF C	OIL AND NATU	RAL GAS			
	C d	an ent a	Address (Give address to wh	ich approved copy o	f this form is 10 be sent)	
Enron Oil Trading &			PO Box 1188, Address (Give address to wh			
Name of Authorized Transporter of Casin	ghead Gas XX	or Dry Gas	'			
Warren Petroleum If well produces oil or liquids,	Unit Sec.	Twp. Rge.		PO Box 1589, Tulsa, OK 7410		
if well produces ou or riquids, give location of tanks.	D 12	17 33	ves	10-	27-87	
f this production is commingled with that	from any other lease of	or pool, give comming	ling order number:			
V. COMPLETION DATA	louve	ell Gas Well	New Well Workover	Deepen Plug	Back Same Res'v Diff Res'	
Designate Type of Completion	- (X)	en j Gas wen			ii	
Date Spudded	Date Compl. Ready	to Prod.	Total Depth	P.B.'	r.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	
Perforations				Dept	h Casing Shoe	
	TUBING, CASING AND		CEMENTING RECORD DEPTH SET		SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		DAORS CEMENT	
THE TROOP DAME AND DECLIE	CT FOR ALLOY	WARI IC		1		
V. TEST DATA AND REQUE OIL WELL (Test must be after	recovery of total volum	me of load oil and mu	si be equal to or exceed top all	owable for this dept	h or be for full 24 hours.)	
Date First New Oil Run To Tank	Date of Test	· · · · · · · · · · · · · · · · · · ·	Producing Method (Flow, po	ump, gas lift, etc.)		
			Casing Pressure		ke Size	
Length of Test	Tubing Pressure		~=====================================			
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.	Gas	- MCF	
					· · · · · · · · · · · · · · · · · · ·	
GAS WELL			Bbls. Condensate/MMCF	\(\overline{C}_{\overline{C}}\)	vity of Condensate	
Actual Prod. Test - MCF/D	Length of Test		BOIS. Condensate/MIMICE		,	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		ske Size	
VI. OPERATOR CERTIFICATION		MPLIANCE	0" 00"		ION DIVISION	
I harshy certify that the rules and reg	zulations of the Oil Co	nservation		NSEKVAI	ION DIVISION	
Division have been complied with an is true and complete to the best of m	nd that the information	given above	Date Approve	ed		
Quanita Jasellies			Ву	·		
Juanita Goodlett	- Production			•		
Printed Name	(505)	Title 748-1471	Title			
8-24-90 Date		Telephone No.		<u>.</u>		

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.