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

[.		<u>TO TRA</u>	NSP	ORT OIL	AND NAT	UHAL GA	\S	DI M-			
Operator						Well API No. 30-025-31636					
YATES PETROLEUM CON	KPUKAT.	TON						<u>-023-31</u>	030		
Address 105 South 4th St., A	Artesi	a, NM	882	10		- /D/ ·	-1-1				
Reason(s) for Filing (Check proper box)					Othe	r (Please explo	iin) AS:NGHF.	AD GAS I	MUST NOT	35	
New Well 🔀	0:1	Change in	Dry G	F-1							
					FLARED AFTER <u>LO</u> UNSERS AN EXCEPTI						
Change in Operator f change of operator give name	Casinghea	4025	Contrac	<u> </u>			OBTAIN		KJN + CJ-R	4070	
nd address of previous operator						1 , +	.2 (1) 211 (2)				
I. DESCRIPTION OF WELL A	ND LEA	ASE				- 12 1/3 7	7.5 Test 1			ease No.	
Lease Name Kemnitz South AFL State				lame, Includ i cuum Gr	ayburg-SA $\frac{7843}{3/193}$ Kind of State/1			Fedural or/Fled / VB-131			
Location						100	10		Foot		
Unit Letter O	<u>. 660</u>		_ Feet F	rom The	South Line	and <u>198</u>	<u> </u>	et From The.	East	Line	
Section 31 Township 16S Range				34E	NMPM, I.e			a County			
Section 31 Township	100		Kange			27 21 21 21					
III. DESIGNATION OF TRANS	PORTE	R OF O	IL AN	ID NATU	RAL GAS						
Name of Authorized Transporter of Oil	XX	or Conder	nsale		Address (Give	address to w				ent)	
Navajo Refg. Co.						159, Ar					
Name of Authorized Transporter of Casingh	nead Gas		or Dry	Gas	Address (Give	e address to w	hich approved	copy of this f	orm is to be s	ini)	
If well and describe liquids	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When			?			
If well produces oil or liquids, give location of tanks.	0 31		16s	•	No		i				
f this production is commingled with that fr	om any oth	ner lease or	pool, g	ive comming	ing order numb	рег:					
IV. COMPLETION DATA								,			
	G D	Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -		<u> </u>	l_		Total Depth			P.B.T.D.	.l	_!	
Date Spudded	Date Compl. Ready to Prod.				6260	•		4800'			
7-27-92	8-24-92				Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) 4124.5 GR	Name of Producing Formation San Andres				4616'			4715	_ ,		
Perforations									Depth Casing Shoe		
4616-4624								4800	·		
		TUBING.	. CAS	ING AND	CEMENTI	NG RECOR	RD .				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
121"	8-5/8"				1550'			750 sx circualted			
7-7/8"	5-1/2"				4800'			795 sx			
	2-7/8"				4715'						
					<u> </u>						
V. TEST DATA AND REQUES	T FOR A	ALLOW	ABLE	<u>.</u>		avered top all	loumble for th	is denth or he	for full 24 hos	ors.)	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
8-21-92 Date of lest 8-24-92						mping	,	•			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size		
24 hrs	35				35			2"			
Actual Prod. During Test	Oil - Bbls				Water - Bbls.		Gas- MCF				
24	24				_0_			32			
GAS WELL	·!										
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conder	sate/MMCF		Ciravity of	Condensate		
Actual Floor Foot Months											
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
F7											
VI. OPERATOR CERTIFIC	ATE O	F COM	PLIA	NCE		011 001		/A-TION	רון און	~ N!	
I hereby certify that the rules and regula					-	OIL CO	NSERV				
Division have been complied with and that the information given above					1 .	AUG 31'92					
is true and complete to the best of my k	mowledge	and belief.			Date	Approve	ed		· ·		
SQ - 8		n 1									
Aranita Doodlett					By_	ORIGINA	L SIGNED	BY JERRY	SEXTON		
Signature Juanita Goodlett -	Produc	ction :	Supv	r.	-,-	- 9	ISTRICT I'S	UPERVISO	K	-	
Printed Name			Title		Title	,),					
8-27-92	(!										
Date		Te	elephone	No.							
Printed Name 8-27-92	Produc	ction (505) 7	Supv	471	By_ Title		STRICT	UP S RVISO	R	-	

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.

RECEIVED
AUG 3 1 1992
COCO HOSSS OFFICE