Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

DI 10

ISTRICT III							
XXX Rio Brazos Rd., Azzec, NM 87410			ND AUTHORIZAT NATURAL GAS	ION			
	TO THAINS	PORT OIL AND	INATURAL GAS	Well API No.			
perator							
YATES PETROLEUM CORPORA	30-025-28072						
Address							
105 South 4th St., Artes	ia, NM 88	210					
leason(s) for Filing (Check proper box)			Other (Please explain)				
New Well	Change in Tran	sporter of:					
Recompletion Oil	X Dry	Gas 🗆	Effective Dat	e: 2-1-92			
Change in Operator Casinghead Gas Condensate							
change of operator give name							
• •	D 4 OFF				•		
I. DESCRIPTION OF WELL AND L				1 341 4 4			
Lease Name	Well No. Poo	Pool Name, Including Formation		Kind of Lease	Lease No.		
Wood State	1 Sc	Scharb-Wolfcamp		State Federal or Fee	LG-964-3		
ocation							

YATES PETROLEUM (30-025-28072	-025-28072			
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 X Dry Gas	Effective Date	te: 2-1-92		
Change in Operator	Casinghead Gas Condensate				
f change of operator give name and address of previous operator					
I. DESCRIPTION OF WELI					
Lease Name	<u> </u>	luding Formation	Kind of Lease State) Federal or Fee	Lease No.	
Wood State	l Scharb-W	Nolfcamp	State redetal of rec	LG-964-3	
Location	220	C		Unat	
Unit LetterN	: 330 Feet From The	South Line and 1980	Feet From The	West Line	
Section 33 Towns OTT Energy Operating LP THE THE THE TRANSPORMENT	ship 18S Range ANSPORTER OF OIL AND NAT	35E , NMPM,	Lea	County	
Name of Authorized Transporter of Oil	CO Tr. Condensate (Poden	Address (Give address to which	approved copy of this for	n is to be sent)	
Enron Oil Trading & T		P.O. Box 1188, H			
Name of Authorized Transporter of Cas	singhead Gas - 1 Go IV Cor Dry Gas	Address (Give address to which			
If well produces oil or liquids,		Rge. Is gas actually connected? When ?			
	nat from any other lease or pool, give comm		I.		
IV. COMPLETION DATA					
Designate Type of Completion	on - (X)	ll New Well Workover	Deepen Plug Back S	ame Res'v Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	b	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	Tubing Depth	
Perforations			Depth Casing	Shoe	
	TUBING, CASING AT	ND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT	
THOLE OILE		,			
V. TEST DATA AND REQU	 JEST FOR ALLOWABLE er recovery of total volume of load oil and t	must be equal to an exceed top allow	while for this depth or he fa	r full 24 hours.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pum	p, gas lift, etc.)	1	
	•		· · · · · · · · · · · · · · · · · · ·		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF		
GAS WELL			<u> </u>		
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of C	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI OPERATOR CERTIF	FICATE OF COMPLIANCE				
I hereby certify that the rules and r	•		SERVATION I	DIVISION	
	and that the information given above	Date Approved	JAN 2		
	rdlett lac				
Signature	router las	- By ORIGINA	L SIGNED BY JERRY	SEXTON	

•			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. OPERATOR CERTI	FICATE OF COMPLIANCE	OIL CONSE	ERVATION DIVISION

- Production Supvr. Juanita Goodlett

Printed Name

Date

Title 748-1471 (505)

Telephone No.

Title

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.
 - THE THE and WI for changes of operator, well name or number, transporter, or other such changes