Submit 5 Copies
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, Artenia, NM 88210

BEOLIEST FOR ALLOWABLE AND AUTHORIZATION

	T	ART C	ISPO	RT OIL A	ITAN DN	JRAL GAS	Well API	No			
YATES PETROLEUM CORPORATION							Well API	No. 25-28072			
lress			ρροι								
105 South 4th St., A	rtesia	, NM	8821		Other	(Please explain	i)	<u></u>			
ason(s) for Filing (Check proper box) w Well	(Change in	Franspor	ter of:	_						
completion	Oil		Dry Gas		Eff	ective Da	ate: 2-1	92			
nange in Operator	Casinghead	Gas 🗌	Conden	sate 🗌							
hange of operator give name l address of previous operator											
•	NID I EA	CIC									
EASE Name	CRIPTION OF WELL AND LEASE Well No. Pool Name, Including				g Formation		Kind of	Kind of Lease State Federal or Fee		Lease No. LG-964-3	
Wood State		1	Sch	arb-Wol	Ecamp		State P	eneral of Tee	LG-902		
ocation				_	. 4	1000			West	* 1	
Unit LetterN	:330		Feet Fr	om The _S	outh Line	and1980	Feet	From The	WEST	Line	
. 22 m U	1	8S	Dance	. 3	5E , n n	ирм,	Le	ea		County	
Section 33 Township	<u>, </u>	0.5	Range		<u> </u>						
I. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATUI	RAL GAS			6.1.6	i e la la casa		
lame of Authorized Transporter of Oil	$rx \rightarrow F0$	PICOPO	erev	(Lain	Address (GIV	e address to wh	ich approved (copy of thus Jo	7151 <u>_11</u> 9	<i>น)</i> : ผ	
Enron Oil Trading & Tr					P.O. Bo	ox 1188, re address to wh	ich approved	$\frac{1}{1}$	rm is to be se	nt)	
Name of Authorized Transporter of Casing	ghead Gas 🗖		~or 1)ry		Vomess (O)	- water 6-34 40 PV/	approved			·	
f well produces oil or liquids,	Unit	Unit Sec. Twp.			Is gas actuali	y connected?	When	When ?			
ive location of tanks.	N	33	188	35E	No		l		<u> </u>		
this production is commingled with that	from any od	her lease of	r pool, g	ive commings	ing order num	iber:					
V. COMPLETION DATA						Workover	Deepen	Plue Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil We	11 	Gas Well					İ	<u>i</u>	
Date Spudded		pl. Ready	Lo Prod.		Total Depth			P.B.T.D.			
Date Spinosos	•										
Elevations (DF, RKB, RT, GR, etc.)	ations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
								Depth Casing Shoe			
Perforations								•			
		TIBING	CAS	ING AND	CEMENT	ING RECOI	RD				
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
HOLE OILE											
V. TEST DATA AND REQUE	ST FOR	ALLOV	VABL	E							
V. TEST DATA AND REQUE OIL WELL (Test must be after	recovery of	total volum	ne of loc	nd oil and mu	st be equal to	or exceed top a	llowable for th	is depth or be	for full 24 ho	urs.)	
Date First New Oil Run To Tank		l'est .			Producing I	Method (Flow,	pump, gas lift,	elc.)	i.		
				Casing Pressure			Choke Size				
Length of Test	Tubing 1	Tubing Pressure			Casing	Casing Freezest					
Actual Prod. During Test	Oil - Bb	ls.			Water - Bt	ols.		Gas- MCF			
Spring 1 ton Smith 1											
GAS WELL											
Actual Prod. Test - MCF/D	Length	Length of Test				densate/MMCF		Gravity of Condensate			
· ·				Carlos Da	accure (Chut in)		Choke Size				
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)							
		07.00		ANICE							
VI. OPERATOR CERTIF	ICATE (OF COL	VIPLI	ANCE		OIL CC	NSER'	VATION	1 DIVIS	ION .	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						Date ApprovedJAN 2 3 92					
is true and complete to the best of r	ny knowledi	ge and belie	ef.		∥ Da	ate Appro	ved				
Juanita J	_ //:		1.0	y	11						
			1 G		- B)	/ ORIG	INAL SIGN	ED BY JER	RY SEXTO	N	
Signature Juanita Goodlett	- Prod	uction			-		EMS (ACC)	- 1 POWERY	BUR		
Printed Name		(505)		itle -1471	Ti	tle					
Date		ردودي		one No.	-				,		
Date					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) Senarate Form C-104 must be filed for each pool in multiply completed wells.