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

DISTRICT II P.O. Drawer DD, Antesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L+		O I HAI	NOLO	INT OIL	AND NA	I UHAL GA	13				
Operator							Well API No.				
YATES PETROLEUM CORPORATION Address						30-025-29648					
105 South 4th St.	, Artesia	, NM	88210	0							
Reason(s) for Filing (Check proper box)					Oth	er (Please expla	in)				
New Well	1	Change in									
Recompletion	Oil	X	Dry Gas		Ef	fective I	Date: 2	-1-92			
Change in Operator	Casinghead	Gas 🗌	Condens	ate 🗌		···					
If change of operator give name and address of previous operator							···		***	· · · · · · · · · · · · · · · · · · ·	
II. DESCRIPTION OF WELI	L AND LEA										
Lease Name Reeves ADQ State	Well No. Pool Name, Including 1 Reeves Pen							Kind of Lease State, Federal or Fee		Lease No. LG-6940	
Location					 						
Unit LetterA	;70	0	Feet From	m The	North Lin	e and	<u>30</u> F	et From The _	East	Line	
Section 14 Towns			Range	35E		мрм,	Le	a		County	
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil Enron Oil Trading & T	NSPORTE	R OF OI	L AND) NATU	RAL GAS	7		_			
Name of Authorized Transporter of Oil Enron Oil Trading & T	EX FOT	Condens Fnor	ov C	arn.	Address (Giv	e address to wh					
					1 2 3 5	ox 1188,					
Name of Authorized Transporter of Cas Warren Petroleum Co.	inghead Gas	14771AG	OT DIV	340		e address to who				int)	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	P.O. Box 1589, Tuls Is gas actually connected?			hen ?			
give location of tanks.	A	14	185	35E	Yes	,		5-23-86			
If this production is commingled with the IV. COMPLETION DATA	at from any other	er lease or p	oool, give	commingl	ing order num	ber:		<u> </u>			
Designate Type of Completio	n - (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
7							···				
TUBING, CASING AND					CEMENTI		D				
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
	 				<u> </u>			-	-	· · · · · · · · · · · · · · · · · · ·	
											
								 	···		
V. TEST DATA AND REQUI							-			, <u>.</u>	
OIL WELL (Test must be after			of load o	il and must					or full 24 hou	rs.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pres	Tubing Pressure				ure		Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL									·		
Actual Prod. Test - MCF/D	Length of	Test	-		Bbls. Conde	nsate/MMCF		Gravity of C	Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI ODED ATOD OTDATE			T 7 A 2 '	Cr	-		•				
VI. OPERATOR CERTIFI				ICE		OIL CON	ISFRV	'ATION	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of π					l · Dot	e Approve	a JA	N 23'92	2		
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Quanita Me	roall	<u>Ll</u> ,	1 a L		By_	OPIGINA	I SIGNIEN	RY IEDDY (EXTON		
Signature (Juanita Goodlett - Production Supvr.					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT SUPERVISOR						
Printed Name			Title		Title					-	
Data	(5		8-147			·		-			
Date		Tele	phone N	ю.	11						

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.