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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., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I	T	O TRA	ANSP	ORT OI	L AND NA	TURAL GA					
Operator YATES PETROLEUM CORPORATION							1	API No.	NPI No. 0-025-30597		
	JRPOKATI	.ON							391		
Address 105 South 4th St.,	Artegia	NM	882	10			<b>.</b>				
Reason(s) for Filing (Check proper box)					Other (Please explifit); well must be obtained from the						
New Well	(	Change ir	Transpo	orter of:	ك	E	BUREAU OF	LAND MAN	CEMENT A	om the	
Recompletion	Oil		Dry G	$\overline{}$					· · · CETIVIETY F	OLWI)	
Change in Operator	Casinghead	Gas 🔲	Conde	nsate							
If change of operator give name					CED IN THE		,		·		
and address of previous operator		TIFY TH			TOM OU UC	WATER TO					
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name	,	Well No.			ling Formation		a	of Lease		ease No.	
Aqueduct AGG Federal		1	Und.	West	Lusk Del	.aware <sub>/2/1</sub>	18 9 pro.	Federal or Fo	/ NM 6	<u> </u>	
Location					_				_		
Unit Letter P	: 330 Feet From The				South Line and 330 Fee			et From The	et From The <u>East</u> <u>Line</u>		
Section 17 Township	, 19S Range 32E				, NMPM,			Lea		Country	
Section 1/ Township	<u> </u>		Range	JZE	, N	MrM,		пеа		County	
III. DESIGNATION OF TRAN	SPORTER	R OF O	IL AN	D NATU	IRAL GAS						
Name of Authorized Transporter of Oil		or Conde				ve address to wh	nich approved	copy of this fe	orm is to be se	nt)	
Pride Pipeline Co.					PO Box 2436, Abilene, TX 79604						
Name of Authorized Transporter of Casing	head Gas or Dry Gas				Address (Gi	ve address to wh	uch approved	copy of this fo	orm is to be se	nt)	
	<del> </del>										
If well produces oil or liquids, give location of tanks.	Unit   :	Sec. 17	Twp.	Rge.   32e	. Is gas actual No	ly connected?	When	. ?			
<u></u>			·			.h		····-			
If this production is commingled with that in IV. COMPLETION DATA	from any other	r lease or	pooi, gi	ve commung	ung order num						
IV. COMILETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Rack	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	X		Oas Wen	X	Workover		i ing back		l l	
Date Spudded	Date Compl. Ready to Prod.				Total Depth	1	1	P.B.T.D.	ı		
6-11-89	8-8-89				730	7300'			7205'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
3594.5' GR Delaware					648	6486'			64391		
Perforations 6486-6498									Depth Casing Shoe		
		IDDIC.	CASI	NC AND	CELENIT	NC DECOR			300		
UOLE OIZE	TUBING, CASING AND CASING & TUBING SIZE				CEMENT	DEPTH SET			SACKS CEMENT		
HOLE SIZE	20"				40'				ds Redi-		
17½"	13-3/8"			8021			800 sx				
121"	8-5/8"			4500'			2950 sx				
7-7/8"		51"				7300'			975 sx		
V. TEST DATA AND REQUES			ABLE	2-7/8	311	6439'	/		<del> </del>		
OIL WELL (Test must be after re							wable for the	s depth or be j	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)										
7-18-89	8-	8-89				Pumping		10 1 6			
Length of Test 24 hrs	Tubing Pressure				Casing Pressure			Choke Size Open			
					Water - Bbls.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls. 83				Water - Dois	27			120		
110	1 0.	<u>.                                    </u>			<u> </u>	41		1 120			
GAS WELL	Harret -CT	act			DMc Conde	nsate/MMCF		Gravity of C	ondensate.		
Actual Prod. Test - MCF/D	Length of To	CAL			Bots. Conde	HORSE IVIIVICE		Gravity or C	January Company		
Tubing Pressure (Shut-in)					Casing Press	Casing Pressure (Shut-in)			Choke Size		
Change the state of the state o											
VI OPERATOR CERTIFIC	ATE OF	COM	PIIAN	VCF							
VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation					(	OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above						AUG 1 4 1989					
is true and complete to the best of my l	enowledge and	d belief.			Date	e Approve	d	HUU ]	4 1305	<u> </u>	
() .											
Juando Dodleta					∥ <sub>By_</sub>	ORIG	INAL SIGN	IED BY JER	RY SEXTO	N.	
Signature Juanita Goodlett - Production Supvr.						<del>-</del>		I SUPERV		<u> </u>	
Printed Name			Title		Title	)					
8-9-89	(50	<del></del>	8-14			N. or Spiror and					
Date		Tele	ephone 1	<b>√</b> 0.	-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.

RECEIVED

AUG 11 19894, COTH HOBES GRACE