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, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		JEST FO	OR AI		BLE AND A						
I. TO TRANSPORT OIL AND NATURAL GAS											
Operator YATES PETROLEUM CORPORATION						Well API No. 30-025-30944					
Address					0070						
105 South 4th St.,	Artesi	La, New	Mex	cico 8	8210 X Othe	r (Please expla	in)				
Reason(s) for Filing (Check proper box) New Well		Change in	Transpo	orter of:							
Recompletion	Oil		Dry G		EFFE	CTIVE NO	VEMBER I	1, 1990			
Change in Operator		d Gas	Conde	_							
If change of operator give name and address of previous operator	-										
II. DESCRIPTION OF WELL AND LEASE							· · · · · · · · · · · · · · · · · · ·		,		
Lease Name	Well No.			9			Peater Fordern Law Ford		ase No.		
Flood AFN Federal Location	1	We	st Lusl	Delaware ///				ILC 06	8882-A		
Unit Letter M	:33	30	Feet F	rom The So	outh Line	and66	50 Fe	et From The	West	Line	
Section 30 Townshi	p 19S		Range	32E	, NI	мРМ,		Lea		County	
III. DESIGNATION OF TRAN	ISPORTE	R OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil	(V)	or Conden	sale		Address (Give address to which approved copy of this form is to be sent)						
Texas-New Mexico Pipe	PO Box 2528, Hobbs, NM 88240										
Name of Authorized Transporter of Casin	ghead Gas		or Dry	Gas	Address (Giv.	e address to wh	uch approved	copy of this for	n is to be se	nt)	
If well produces oil or liquids, give location of tanks.						y connected?	When	?			
If this production is commingled with that		<u> </u>	.		ling order numb	ber:					
IV. COMPLETION DATA					1 31 37 11	(w	1 5	l nu na le	D	lo ce n	
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	roducing Fo	lucing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations					<u> </u>	Depth Casing Shoe					
		TUBING,	CASI	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE C		SING & TU				DEPTH SET			SACKS CEMENT		
											
V. TEST DATA AND REQUE	ST FOR A	ALLOW	ABLE	,				1	. n- z		
OIL WELL (Test must be after	recovery of to	otal volume	of load	oil and mus					full 24 hou	rs.)	
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)										
Length of Test	Tubing Pro	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
CALO VIENT V											
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conden	sate/MMCF		Gravity of Cor	densate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC				NCE			ISEDV	ATION D	ווופור)NI	
I hereby certify that the rules and regu Division have been complied with and				'e			NOEIT V	ATION D	IVIOIC	Z1 V	
is true and complete to the best of my knowledge and belief.					Date	Approve	d		:		
Santa Dosdia					11					î.	
Qiamatura \			ryisa	or	∥ By_	3 3 3 2	<u></u>				
Printed Name 10 20 00 505/7/8-1/71					Title						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.