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, Anesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	7	TO TRA	NSPO	RT OIL	AND NA	TURAL G	AS						
									Well API No.				
Yates Drilling Company Address	.c.	30-025-31039											
105 South 4th Street,	Artesia	a. NM	88210)									
Reason(s) for Filing (Check proper box)		~ .			Oth	ner (Please exp	lain)						
New Well	Change in Transporter of: Oil												
Recompletion	[]										}		
Change in Operator	Casinghead	d Gas	Condensa	ite									
If change of operator give name and address of previous operator			<u> </u>						·····				
II. DESCRIPTION OF WELL	AND LEA	ASE	·										
Lease Name	Well No. Pool Name, Include					_				of Lease Lease No.			
Federal 30		1	Lusk	. Dela	ware West				LC-068882				
Location Unit LetterL	: 16	650	Feet Fron	n The _S	outh Lin	e and660	0	Fe	et From The	West	Line		
Section 30 Township	Section 30 Township 19S Range 32E						, NMPM , Lea				County		
III. DESIGNATION OF TRANS	SPORTE	R OF O	II. AND	NATII	RAL GAS								
Name of Authorized Transporter of Oil		O Contes				ve address to w	hich ap	proved	copy of this f	orm is to be se	ent)		
Enron Oil Trading and	<u></u>				i	Box 1188							
Name of Authorized Transporter of Casing	head Gas	110011	or Dry G	a6 Ae	Address (Giv	ve address to w	hich ap	proved	copy of this f	orm is to be se	ent)		
Name of Authorized Transporter of Casing Phillips 66 Natural Ga	s Compa	any EFF	ECTIVE:	Febru	M Gas Co	Ang ration.	fice	B1de	Rant	-lecvill	, 		
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actual	ly connected?		When		TESATIT	C. VIX/4004		
give location of tanks.	iцi	30	198		yes		i		3/8/91	Ĺ			
If this production is commingled with that i	rom any othe	er lease or	pool, give		ing order num	ber:							
IV. COMPLETION DATA													
Designate Type of Completion -	- (X)	Oil Well	Ga	s Well	New Well	Workover	Dex	epen	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							
									Depui Casii	ig Snoe			
		TIDING	CACINI	T AND	CEMENT	NC DECOI	275		l				
HOLE SIZE	CEMENTING RECORD				CAOVO OCUENT								
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT				
					· · · · · · · · · · · · · · · · · · ·								
V. TEST DATA AND REQUES	T FOR A	LLOW	ARLE		<u> </u>				L				
OIL WELL (Test must be after re				and must	be equal to or	r exceed top al	lowable	for this	depth or be	for full 24 hou	ers 1		
Date First New Oil Run To Tank	Date of Tes					ethod (Flow, p			<u>-</u> -	, , , , , , , , , , , , , , , , , , , ,	,		
						•	• •		•				
Length of Test	Tubing Pressure			Casing Pressure				Choke Size					
Actual Prod. During Test	d. During Test Oil - Bbls.				Water - Bbls.				Gas- MCF				
GAS WELL													
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate				
								Ciarri, or c	Jonocasaic				
Testing Method (pitot, back pr.)	pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size				
											İ		
VI OPEDATOR CERTIFIC	ATEOE	COM	TANK	717	<u> </u>				l				
VI. OPERATOR CERTIFICA				LĽ	(OD 11C	VSF	RV	NOITA	DIVISIO	M		
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 JAN 2 7 '92								
is true and complete to the best of my knowledge and belief.					11								
	۵				Date	e Approve	ea						
Karen J Kushnan						COMMINTAL PLANTING OF LAW OF STREET							
Signature						By ORIGINAL SIGNAL STATE STATEON							
Karen J. Leishman Production Clerk						,							
Printed Name Title 1-24-92 748-1471 440											-		
1-24-92 Date	740-		phone No.		11								
		1010	F 14V+		<u> </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) Separate Form C-104 must be filed for each pool in multiply completed wells.