Submit 5 Cepies
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

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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator							Well A	PI No.			
YATES PETROLEUM CO	RPORAT	ION					30-	-025-31042	2		
ddress											
105 South 4th St.,	Artesi	a. NM	8821	.0							
eason(s) for Filing (Check proper box)					Othe	r (Please expla	in)				
New Well		Change in	Transpor	rter of:							
	Oil		Dry Gar		CASTN	GHEAD GA	S CONNE	CTFD			
Recompletion	Casinghea		Conden		CASIN	GIIEAD GA	. COMME	GIED.			
change in Operator	CERTIFICA	-	, 00								
d address of previous operator											
I. DESCRIPTION OF WELL	AND LE	ASE									
ease Name		Well No.	Pool Na	me, Includi	g Formation			of Lease	L	ease No.	
Lusk AHB Federal		2	Eas	t Lusk	Delawar	e	State,	Federal or Fee	NM	59392	
ocation		<u> </u>	<u></u>								
0	1	930	F. 4 F.	n . No	orth Line	nd 165	0 E	et From The	East	Line	
Unit Letter	- :		_ reel rn	om the	ык			Ct 1 10111 1110			
Section 35 Township	1 98		Range	32E	. NI	MPM,		Lea		County	
Section 33 Township	170		Vanke	322		*******					
II. DESIGNATION OF TRAN	CDADTE	D OF C	NI AN	D NATII	RAT. GAS						
11. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil		or Conde			Address (Giv	e address to wi	nich approved	copy of this form	1 is to be se	eni)	
Texaco Trading & Trans	n 🔼 at				Address (Give address to which approved copy of this form is to be sent) PO Box 6196, Midland, TX 79711						
			0- P-:	Gas [\			copy of this form	is to he e	ent)	
Name of Authorized Transporter of Casing	gnead Gas	X	or Dry	Uas				440, Midl			
Maple Gas Corporation	1	<u> </u>	l ee				When		anu, 1	A /7/UI	
If well produces oil or liquids,	Unit Sec.				and the same of th			1-3-92			
ive location of tanks.	Į G	35	19	32	Yes			-J-j4			
this production is commingled with that	from any ot	her lease of	r pool, giv	e comming!	ing order num	ber:		· · · · · · · · · · · · · · · · · · ·			
V. COMPLETION DATA		_,					1 5	l ni n i le	D!u	Diff Deels	
Date Town of Commission	(%)	Oil We	n j	Gas Well	New Well	Workover	Deepen	Plug Back Sa	ime Kes v	Diff Res'v	
Designate Type of Completion			!_		Total Depth	L	<u> </u>	l l			
Date Spudded	Date Con	npl. Ready	to Prod.		Total Depui			P.B.T.D.			
					Transcription Park						
Clevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
								Depth Casing Shoe			
Perforations								Depth Casing	snoe		
								<u> </u>			
		TUBINO	i, CASI	NG AND	CEMENTI	NG RECOR	<u>D</u>	· · · · · · · · · · · · · · · · · · ·			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SA	SACKS CEMENT		
	 										
V. TEST DATA AND REQUE	ST FOR	ALLOW	VABLE								
OIL WELL (Test must be after t	recovery of	total volum	e of load	oil and must	be equal to o	r exceed top all	owable for th	is depth or be for	full 24 ho	ws.)	
Date First New Oil Run To Tank	Date of T				Producing M	lethod (Flow, p	ump, gas lift,	etc.)	1		
Date Little Men Off Knit 10 1 and	Date Of I					•	-				
Length of Test	Tubing P	ibing Pressure				Casing Pressure			Choke Size		
Length of Test	Tuotug P	1000UIG						1			
Astrol Book Paring Tast	Oil - Bbl		-		Water - Bbis	<u> </u>		Gas- MCF		·	
Actual Prod. During Test	Oii - B0i	3.						1			
	1				.1						
GAS WELL					T = 2 = -			10	- da		
Actual Prod. Test - MCF/D	Length o	f Test			Bbls. Conde	nsate/MMCF		Gravity of Co	noensate		
					<u> </u>						
Testing Method (pitot, back pr.)	Tubing I	ressure (Si	ut-in)		Casing Pres	sure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC	TATE	E COM	(PI IA)	NCF	7						
VI. OPERATOR CERTIFIC	ノベエビ し			· 1CL	11	OIL COI	NSERV	'ATION E	NVISI	ON	
I hereby certify that the rules and regu- Division have been complied with and	uations of U	formation o	riven abor	ie.		JAN 14'92					
Division have been complied with and is true and complete to the best of my	i mat me in Imowiedce	and belief	CTACH STOO!		11	_		JAN I	4 92		
is the and complete to the best of my	-11041608c		-		Dat	e Approve	ea				
1/2 = - X	· ·	11.11	· • · · · · · · · · · · · · · · · · · ·			ለመድ፡፡	iai oicene	ed by Jerry	CONTINA	1	
francia /	und	in			∥ By₋			10 Date Carre			
Signature Juanita Goodlett -	Produ	ction	Supvr				្សា រសាស្ត្រស្នា	4 • x x ⋅ x x x x x x x x x x x x x x x x	V.W.		
Printed Name			Title	·	Title	3					
1-10-92	((505) 7	748-14	71	1	ə <u></u>					
Date	<u>`</u>		'elephone								
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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.