Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

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						exico 8750						
I.							AUTHORII TURAL GA					
Operator YATES PETROLEUM CORPORATION									NPI Na. 0-025-31073			
Address 105 South 4th St.,	Artesi	a, NM	882	10							·	
Reason(s) for Filing (Check proper box)						Oth	er (Please expla	ain)				
New Well		Change in			-	CASIN	GHEAD GAS	· COMMEC	የጥፕ ( ) እ፣			
Recompletion	Oil		Dry G			OLIDITA	JILAD GAL	CONNEC	TION.			
Change in Operator  If change of operator give name	Casingher	id Gas	Conde	nsale								
II. DESCRIPTION OF WELL	ANDIE	A CIF		·					<del></del>		<del></del>	
Lease Name	Well No. Pool Name, Including				g Formation		Kind	of Lease No.				
Hour Glass State Unit		1 South Vac						Fiederal or Fife/ VB-11				
Unit LetterA	_ :66	0	. Feet F	rom Th	e N	orth Lin	e and 660	). <sub>El</sub>	et From The _	East	Line	
Section 16 Township 18S Range				250				Lon				
III DESIGNATION OF TRAN	CDODTE	n or o									County	
Mame of Authorized Transporter of Oil   XX   or Condensate							Address (Give address to which approved copy of this form is to be sent)					
Texaco Trading & Transportation						PO Box 6196, Midland, Tx 79711						
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					ent)	
Warren Petroleum Con	rporati   Unit		Twp.		D	PO Box	k 1589, T	ulsa, 0	K 74101			
give location of tanks.	Α	16	18	1	35	Yes	y connected?	When	<i>1</i> 2-22-91	_		
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, gi	ve com	mingli	ng order num	ber:				·	
Designate Type of Completion	- (X)	Oil Well	1	Gas We	ell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	ol. Ready to	Prod.			Total Depth	1	I	P.B.T.D.		1	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					-	Top Oil/Gas	Pay	<del></del>	Tubing Depth			
Perforations					I	<del></del>						
									Depth Casing	Shoe		
TUBING, CASING AND						CEMENTING RECORD						
HOLE SIZE	SING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
V. TEST DATA AND REQUES	TEODA	LLOW	DIE									
					must l	be equal to or	exceed ton alla	unhle for this	denth on he fo	m 6.11.24 ka	1	
OIL WELL (Test must be after recovery of total volume of load oil and must be First New Oil Run To Tank  Date of Test						Producing M	ethod (Flow, pu	mp, gas lift, e	ic.)	V Juli 24 Hou	rs.)	
Length of Test	Tubing Pressure					Casing Press	ıre		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls		<del></del>	Gas- MCF				
	Oli - Bola.					Water - Buik			Gas- MCF			
GAS WELL												
Actual Prod. Test - MCF/D	Length of Test					Bbls. Conder	sate/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
	1											
VI. OPERATOR CERTIFIC  I hereby certify that the rules and reguli				NCE			OIL CON	ISERV	ATION I	אואופור	)NI	
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 FEB 2 5 1991						
is true and complete to the best of my i	mowledge a	nd belief.				Date	Approve	d	LER	20 13	91	
Leante Dondless						Dec	ngina	141 ***	-			
Juanita Goodlett -	Produc	tion S	upvr			By_	- 2/1/2 5/2 5/4	ν <b>υ</b> ,	· · · · · · · · · · · · · · · · · · ·	10 T. T. 10 P.	!	
Printed Name 2-22-91			Title			Title				-		
Date	(5	05) 74 Tele	B-14 phone								· · · · · · · · · · · · · · · · · · ·	

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.