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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

	REQU	JEST FO	OR A	LLOWAE	BLE AND A	AUTHORIZ Furai Ga	ZATION				
l .	AND IVA	ATURAL GAS Well API No.									
Perator YATES PETROLEUM CORPORATION						30-025-3111					
Address			882	10			t ,				
105 South 4th St.,	ALLESI	a, Nr	002	1.0	Oth	er (Please expla	in)				
Reason(s) for Filing (Check proper box) New Well		Change in	Transp	orter of:			•				
"" ""	Oil		Dry G								
tecompletion	Casinghea	d Gas	Conde	ensete							
change of operator give name			IIC W	FIL HAS E	BEEN PLACE	D IN THE PO	JOL				
ad address of previous operator		<u> </u>	SIGN	VIED RFF	744: IL 100	DO NOT CO	NCUK				
I. DESCRIPTION OF WELL	AND LE		OTIFY	THIS OFF	ICE						
se Name Well No. Pool Name, Include								of Lease	7. 11 77		
Lusk AHB Federal	0 1 1 1 1 1 1 1 1 1					Delaware 7/1/9 2 300. 1			rederal or Fee / NM 59392		
Location						,					
Unit LetterJ	_ :23	10	Feet F	rom The S	outh Lin	e and16.	50 Fe	et From The	East	Line	
Section 35 Townshi	10g B 20g					.NMPM, Lea			Cour		
II. DESIGNATION OF TRAN	ISPORTE	or Conden	IL AN	ND NATU	RAL GAS	a addrage to wil	ich annewed	copy of this f	form is to be se	ent)	
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent) PO Box 1188, Houston, TX 77151-1188										
Enron Oil Trading & 1	Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casinghead Gas					105 South 4th St., Artesia, NM 88210					·-•	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.		 		When ?			
if well produces on or fiquids,	I G	35	19		Yes	-	2	-29-92			
f this production is commingled with that			·		ling order num	ber:			-		
V. COMPLETION DATA										<u>.</u>	
,, com 2211011211		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Х	İ		X	1	<u></u>	[<u> </u>		
Date Spudded	Date Com	Date Compl. Ready to Prod.				Total Depth		P.B.T.D.			
1-21-92	3-1-92					7900'			7840'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
3558 GR	558' GR Delaware					5210'			7000'		
Perforations								Depth Casin	-		
5210-7533'								7900	<u>J.</u>		
		TUBING, CASING AND				CEMENTING RECORD			DADIO OFFICIA		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
26"		20"			40'				Redi-Mix		
17½"		13-3/8"			1160'				950 sx 2125 sx		
12¼"	8-5/8"				4430'						
7-7/8"		51"			<u> </u>	7900 <u>'</u>		1 125	5 sx		
V. TEST DATA AND REQUE	ST FOR A	ALLOW	ABLE	<u>2-7/8 ع</u>	<u>" @ 7000</u>)	amakla for thi	is denth or he	for full 24 hou	re l	
OIL WELL (Test must be after			of load	oil and mus	De equal to o	sthed (Flow B)	ump ear lift	etc.)	jor jan. Et non		
Date First New Oil Run To Tank	Date of Test 3-1-92				i .	Producing Method (Flow, pump, gas lift, et Pumping					
2-29-92					Casing Pressure			Choke Size	Choke Size		
Length of Test	1 -	Tubing Pressure			60			2"			
24 hrs		60			Water - Bbis.			Gas- MCF	Gas- MCF		
Actual Prod. During Test 362	Oil - Bbls	140				222			70		
302					_						
GAS WELL					1511 6 1			Construct	Condensate		
Actual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate			
M.L					Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Flessie (Sim in)			Cilozo Bizo			
VI. OPERATOR CERTIFIC	L ATE O	F COM	PITA	NCF							
I hereby certify that the rules and regu	ilations of th	e Oil Conse	rvation	, 🕶		OIL CON	NSERV	ATION	DIVISIO	אכ	
Division have been complied with and	d that the info	ormation giv	en abo	ve	1				1 1 n = -		
is true and complete to the best of my	knowledge	and belief.			Dat	e Approve	ed	MAH	₹ 1 3		
()						pp. 0 to					
Manuta De	ande	il			∥ _{By} _	1	ORIGINAL	SIGNED	SY TERRY S	EXTON	
Cidental	- Produc		hiniri	r.	By-		D):5	TRICT FO	SPECIAL NOR		
Juanita Goodlett -		JULION 6	Title		77.11						
3-9-92	C!	505) 74			Title	<i></i>			 ,		
3-9-92 Date			ephone		il .						

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.