District I PO Box 1988, Hobbs, NM 88241-1988 District II

State of New Mexico

East Manual Resources Department

Form C-104 Revised February 10, 1994 Instructions on back

PO Drawer DD, Artesia, NM \$8211-0719 District III 1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088
FOR
Submit to Appropriate District Office
RECORD ONLY
AMENDED REPORT

District IV PO Box 2008, Se	nta Fa NM	27504.2022		,								NDED REPORT		
-O box 2000, Si	R)	EOUEST	FOR AL	LOWABI	LE ANI	) AU	THOR	IZATI	ON TO TR	LANSP	ORT			
REQUEST FOR ALLOWABLE AND AUTHORIZAT									<sup>1</sup> OGRID Number					
Yates Petroleum Corporation									025575					
		irth St			, 8					enson for Filing Code				
Artesi	88210		Return well to					•						
								ctive 11-5-99						
VLI Memoes							pol Name							
<b>30 - 0</b> 25-31314 Lusk Delaware, East											41520 ' Well Number			
' Pr	operty Code		' Propert				rty Name			1				
-	12527		Lusk AHE	B Federa	1							6		
II. 10 S	Surface	Location												
Ul or lot no.   Section		Township		ot.lda	Feet from t	the North/So		oth Line	Feet from the	East/West line		County		
		100	225	ļ	430	30		rth	990	East Lea		Lea		
A   35   19S						) North			3,2,3					
				Feet from	the North/South line			Fast from the	East/W	ent Man	County			
UL or lot no.	Section	Township	Range	Lot Ida	FOR ITOM									
					1				C-129 Effective	D. 1	11.6.1	29 Expiration Date		
13 Lee Code	13 Produci	ng Method C	ode Gas C	onnection Date	" C-1	29 Perm	it Number	, i	C-173 Eliective	Dette	C-1	47 EXPERIMENT		
F	P		11-	-5-99	1									
III. Oil a	nd Gas	Transpor	rters											
Transporter			19 Transporter Name			" POD " O/G			2 POD ULSTR Location					
OGRID		and Address							unit G - Section 35-T19S-R32					
			Energy Corp.			57441	.0	0	Unit G -	Section	on 35	-T195-R32E		
P. O. B									<b>集</b> 野					
			TX 7725							Cooti	an 25	-T19S-R32E		
025561			troleum C		on 28	30745	5	G	Unit G -	Section	ככ ווט	-1139-K37E		
	); ±(		th Fourth Street						· •					
	Ai	ctesia,	NM 8821	0				[						
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IV. Prod	uggd W	oter							<del> </del>	**				
IV. PIOU	POD	auci		<del></del>	34	POD UI	LSTR Loc	ation and l	Description					
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267445				ction 33	-1195-	KJZE								
V. Well Completion Da								1	и РВТО		2º Perforations			
If Spud Date			<sup>14</sup> Ready Date			מד יי			1810		14101222			
									<del></del>		N Santa Commit			
" Hole Size			11 Casing & Tubing Size			n Depth S			et <sup>33</sup> Sacks Cement			u Cement		
				·····		<del> </del>								
VI. Wel	Test D	ata												
Date New Oil Gas Delivery Date Test I					at Date	" Test Length			<sup>14</sup> Tbg. Pressure <sup>24</sup> Cag.			<sup>36</sup> Cag. Pressure		
" Choke Size			"Oil "Water			a G≥			" AOF		_	" Test Method		
Cac			,											
				<u> </u>		حجيلح			<u> </u>					
" I hereby ce	rufy that the	rules of the O on given abov	il Conservation D	division have been blest to the best	of my		C	DIL CO	NSERVAT	rion i	DIVIS	SION		
knowledge an	, ,	, 2007	1.	)	-							- •		
Signature:							Approved by:							
Printed name:							Title:							
Rusty Klein							Approval Date:							
Tide: Operations Technician							Approve Daw.							
Date: Dec. 28, 1999 Phone: 505-748-1471														
" If this is	chánge of	perator fill i	n the OGRID au	mber and name	e of the prev	ious ope	rator							
ļ														
	Previou	s Operator Si		ted Name			٦	litle	Date					

## IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15,025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- 2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
- 3.

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change gas transporter

RT Request for test allowable (Include volume requested) request for test showable (include vor requested)

If for any other reason write that reason in this box.

- 4. The API number of this well
- 5 The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
- Lease code from the following table:
  F Federal
  S State
  P Fee
  J Jicarilla
  N Navajo
  U Ute Mountain Ute 12.

- Other Indian Tribe
- 13.

The producing method code from the following table:
F Flowing
P Pumping or other artificial lift

- 14. MO/DA/YR that this completion was first connected to a gas transporter
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- 17. MO/DA/YR of the expiration of C-129 approval for this
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- Product code from the following table:
  O Oil
  G Gas
  - Oil Gas

- 22. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will seeign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- 33. Number of sacks of cament used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- 34. MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipelin 35.
- 38. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- 38. Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
- 39. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 40. Diameter of the choke used in the test
- 41 Barrele of oil produced during the test
- Barrels of water produced during the test 42.
- 43. MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- 46. The method used to test the well: F Flowing
  P Pumping
  S Swabbing
  If other method please write it in.

- The eignature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 46.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.

