

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

State of New Mexico  
Geology, 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 II  
P.O. Drawer DD, Artesia, NM 88210

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|   |   |                                     |
|---|---|-------------------------------------|
| Operator<br>YATES PETROLEUM CORPORATION   |   | Well API No.<br>30-025-32045        |
| Address<br>105 South 4th St., Artesia, NM 88210   |   |                                     |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)                 |   |                                     |
| New Well <input checked="" type="checkbox"/>  | Change in Transporter of:               |                                     |
| Recompletion <input type="checkbox"/>   | Oil <input type="checkbox"/>            | Dry Gas <input type="checkbox"/>    |
| Change in Operator <input type="checkbox"/>   | Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> |
| If change of operator give name and address of previous operator  |   |                                     |
| THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. 4/1/94 |   |                                     |

#### II. DESCRIPTION OF WELL AND LEASE R-10091

|   |               |   |  |                    |
|---|---------------|---|--|--------------------|
| Lease Name<br>Hourglass State Unit  | Well No.<br>2 | Pool Name, Including Formation<br>Mid Vacuum Bone Springs | Kind of Lease<br>State, Federal or Fee | Lease No.<br>VB-10 |
| Location<br>Unit Letter M : 990 Feet From The South Line and 330 Feet From The West Line<br>Section 10 Township 18S Range 35E, NMPM, Lea County |               |   |  |                    |

#### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |            |           |            |                                   |                   |
|--|--|------------|-----------|------------|-----------------------------------|-------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Texas-New Mexico Pipeline Co.        | Address (Give address to which approved copy of this form is to be sent)<br>PO Box 2528, Hobbs, NM 88240 |            |           |            |                                   |                   |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Warren Petroleum Corporation | Address (Give address to which approved copy of this form is to be sent)<br>PO Box 1589, Tulsa, OK 74101 |            |           |            |                                   |                   |
| If well produces oil or liquids, give location of tanks.   | Unit<br>A  | Sec.<br>16 | Tw.<br>18 | Rge.<br>35 | Is gas actually connected?<br>Yes | When?<br>11-25-93 |

If this production is commingled with that from any other lease or pool, give commingling order number:

#### IV. COMPLETION DATA

|  |  |                                   |  |                                   |                                 |                                    |                                     |                                     |
|--|--|-----------------------------------|--|-----------------------------------|---------------------------------|------------------------------------|-------------------------------------|-------------------------------------|
| Designate Type of Completion - (X)             | Oil Well <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v <input type="checkbox"/> | Diff Res'v <input type="checkbox"/> |
| Date Spudded<br>8-18-93                        | Date Compl. Ready to Prod.<br>11-25-93       |                                   | Total Depth<br>10470'                        |                                   | P.B.T.D.<br>10140'              |                                    |                                     |                                     |
| Elevations (DF, RKB, RT, GR, etc.)<br>3918' GR | Name of Producing Formation<br>Bone Springs  |                                   | Top Oil/Gas Pay<br>7968'                     |                                   | Tubing Depth<br>8809'           |                                    |                                     |                                     |
| Perforations<br>7968-9103'                     |  |                                   |  |                                   | Depth Casing Shoe               |                                    |                                     |                                     |

#### TUBING, CASING AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT         |
|-----------|----------------------|-----------|----------------------|
| 26"       | 20"                  | 40'       | 3-1/2 yds RediMix    |
| 17 1/2"   | 13-3/8"              | 455'      | 500 sx - circulated  |
| 12 1/2"   | 9-5/8"               | 4000'     | 2000 sx - circulated |
| 8-3/4"    | 5-1/2"               | 10470'    | 2080 sx - circulated |

#### V. TEST DATA AND REQUEST FOR ALLOWABLE 1/2-7/8" set @ 8809'

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

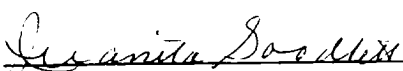
|  |                          |  |                    |
|--|--------------------------|--|--------------------|
| Date First New Oil Run To Tank<br>10-27-93 | Date of Test<br>11-25-93 | Producing Method (Flow, pump, gas lift, etc.)<br>Pumping |                    |
| Length of Test<br>24 hrs                   | Tubing Pressure<br>40    | Casing Pressure<br>35                                    | Choke Size<br>Open |
| Actual Prod. During Test<br>179            | Oil - Bbls.<br>157       | Water - Bbls.<br>22                                      | Gas - MCF<br>83    |

#### GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

#### VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
Signature  
Juanita Goodlett - Production Supervisor  
Printed Name  
11-29-93  
Date  
505/748-1471  
Telephone No.

#### OIL CONSERVATION DIVISION

Date Approved DEC 03 1993

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title

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.