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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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

Yates Company		Well API No. 30-025-29060
1933, Roswell, New Mexico 88202		
<input type="checkbox"/> Other (Please explain)		Effective: JAN 1 1990
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate		
Operator give name previous operator		

SECTION OF WELL AND LEASE

Well No. 17	Pool Name, including Formation North Gang BS.	Kind of Lease State, Federal or Fee	Lease No. 065581
Letter D	Feet From The 660	Line and North	Feet From The West
Location 9	Township 18S	Range 32E	County Lea

SECTION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil Operating Company	or Condensate	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436, Abilene, Texas 79604
Authorized Transporter of Casinghead Gas GPM Gas Corporation		Address (Give address to which approved copy of this form is to be sent)
Is oil or liquids, tanks.	Unit D	Sec 9
Is gas actually connected?	When?	

Is commingled with that from any other lease or pool, give commingling order number:

SECTION DATA

Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Depth Casing Shoe								

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

DATA AND REQUEST FOR ALLOWABLE

(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.)			
New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
est	Tubing Pressure	Casing Pressure	Choke Size
During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

OPERATOR CERTIFICATE OF COMPLIANCE

I 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]
Name: Don Hill Title: Production Analyst
Telephone No.: 505-623-6601

OIL CONSERVATION DIVISION

Date Approved **JAN 04 1990**

By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

Title

JAN 2 1990

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.