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Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico E ,y, 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

DISTRICT II
P.O. Drawer DO, Anesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		·				Well	API No.	<del></del>		
YATES ENERGY CORPORATION							30-025-29140			
Address P.O. Box 2323	ROSWEI	LL, N.M	1. 88202							
eason(s) for Filing (Check proper box)	<del></del>			Oth	A (Please expla	zin)	· · · · · · · · · · · · · · · · · · ·	<del></del> -	<del></del>	
lew Well	Cha	nge in Tran	sporter of:		a (ricibe tapit	••••	700	10		
ecompletion X	Oil	Recompletion to the Tonito-Atoka								
hange in Operator	Field & Change Condensate Gatherer									
change of operator give name	Casinghead Gar		densale 🔯							
	THIS WELL HA DESIGNATED B	FIOW IF	PLACED IN TI	HE POOL			<del></del>			
DESCRIPTION OF WELL	MOLITA ATTHUBIE	DFFICE.				7				
ease Name Well No. Pool Name, Includi				ng Formation P 39 Kind o			of Lease			
Sun Bright Federal C	Com 1	L AT	<del>onita</del> -Ato	oka 📈 🚬	377.73	State,	Federal or Fee	NM 53	992	
ocation		-			, .					
Unit LetterC	_ :920	Feet	From The No.	orthLio	and <u>1980</u>	Fo	et From The _	West	Lin	
Carrier of W 1										
Section 21 Townshi	ip 198 🗳	Kan	ige 33E	, N	MPM,	_Lea			County	
I. DESIGNATION OF TRAN	SPORTER C	OF OIL A	AND NATE	DAL CAS						
lame of Authorized Transporter of Oil		Condensate			e address to wi	hich approved	conv of this f	orm is to be s		
KOCH OIL COMPANY	L		XX	P.O.	Box 1558	BRECKI	NRRIDGE.	TX 76	024	
ame of Authorized Transporter of Casin	ghead Gas	or [	Dry Gas [X]	<del></del>	e address to wi					
Llano Inc.	_				Sanger		, NM 88		<i></i> )	
well preduces oil or liquids,	Unit Sec.	Unit Sec. Twp. Rge.			y connected?	When	-i			
ve location of tanks.	j C   2			E Yes						
this production is commingled with that	from any other lea	ase or pool,	give commingl	ing order num	ber:				······	
V. COMPLETION DATA		· · · · · · · · · · · · · · · · · · ·						-		
Designate Type of Completion	Oi	il Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res v	
			X	 	<u> </u>	1	X X	l	X	
ate Spuoded 2/18/85	Date Compl. Re	-	d.	Total Depth			P.B.T.D.			
	1/23/93			13,750'			12,980'			
levations (DF, RKB, RT, GR, etc.)	, RKB, RT, GR, etc.) Name of Producing Formation Atoka				Top Oil Gas Pay 12,584'			Tubing Depth		
erforations	12,304			12,504 Depth Casing Shoe						
12,584'-89' w/ 4	TCDE						Depth Casin	_		
12,304 0) w/ 4		INC CA	CINIC AND	CEL (EL ITE	NG PEGOD			13,750'	·	
HOLE SIZE			SING AND	CEMENTI			1			
	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
17 1/2" 12 1/4"		13 3/8", 54.5#			437'			425		
7 7/8"		8 5/8", 32# 5 1/2", 17# & 20#		5,205'			· <del> </del>	3,050		
7 770	7 1/2	<u>, 1/1/</u>	<u>a_20#</u>	13,750'			1,600			
. TEST DATA AND REQUE	ST FOR ALL	OWABI	Ē	<del>1</del>			1			
OLL WELL (Test must be after				be equal to or	exceed top all	owable for th	is depth or be	for full 24 hos	urs.)	
Date First New Oil Run To Tank	Date of Test	· · · · · · · · · · · · · · · · · · ·			ethod (Flow, pi			, , , , , , , , , , , , , , , , , , , ,		
ength of lest	Tubing Pressure	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF				
	<u></u>			<u> </u>						
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
2,035	1 hr.				110.6			50.0		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
Back Pressure	2500	·		0			19	/64		
I. OPERATOR CERTIFIC	CATE OF CO	CMPLI.	ANCE		O.I					
I hereby certify that the rules and regu	lations of the Oil	Conservatio	on			NSERV			NC	
Division have been complied with and	that the informati	ion given al	bove				JAN 27	1993		
is true and complete to the best of my	knowledge and be	elief.		Date	evorada e	ed				
		·		D	Orig	. Signed k	у			
Signature \(\text{\text{VIDE POSTS}}\)				Paul Kautz						
KIRK ROSS Printed Name	E	NGTNEE Tii				eologist				
1/25/93	(505) 62	 3-4935		Title						
Date		Telepho								
		•		t!						

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