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

State of New Mexico ergy, Minerals and Natural Resources Departn

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

OIL CONSERVATION DIVISION

P.O. Box 2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator YATES ENERGY CORPORATION 30-025-29140 Address P. O. BOX 2323, ROSWELL, NEW MEXICO 88202 Reason(s) for Filing (Check proper box) . 🗆 Other (Please explain) Change in Transporter of: New Well Dry Gas 1 Oil Recompletion Change in Operator X Casinghead Gas Condensate If change of operator give name and address of previous operator

ORYX ENERGY COMPANY, P.O. BOX 2880, DALLAS, TX 75221-2880 II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Well No. Pool Name, Including Formation Lease No. NM53992 SUN BRIGHT FEDERAL ## (2011) 1 **GEM-MORROW GAS FEDERAL** Location 920 Feet From The NORTH Line and 1980 Unit Letter C Feet From The WEST Line Range 33E 21 198 Lea Township , NMPM, County DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate \mathbf{X} PRIDE PIPE LINE CO. P.O. BOX 400, ABILENE, TX 79604 Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent) LLANO INC. 921 W. SANGER, HOBBS, NEW MEXICO 88240 When? Sec. Rge. Is gas actually connected? Twp If well produces oil or liquids, Unit give location of tanks. С 21 198 33E If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back | Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE **DEPTH SET** SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

Date of Test

Tubing Pressure

Casing Pressure

Choke Size

Actual Prod. During Test

Oil - Bbls.

Water - Bbls.

Gas-MCF

GAS WELL

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1	Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
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į		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
1	Testing Method (puot, back pr.)	Tubing Pleasure (Situa-III)	Casing I (casule (calue-in)	i dioke size	
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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
Sharon R. Hamilton
Printed Name
December 18, 1992

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved _______DEC 2 4 '92

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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.