Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	חבסו				DIE AND		ZATION				
I	TO TRANSPORT OIL AND NATURAL GAS										
Operator YATES PETROLEUI	YATES PETROLEUM CORPORATION							Well API No. 30-025-31576			
Address 105 SOUTH 4th	STREET,	ARTES	SIA, 1	MM 882	210						
Reason(s) for Filing (Check proper box)					Oth	er (Please expl	ain)				
New Well XX		Change in	Transpo	rter of:							
Recompletion	Oil		Dry Ga	: ∐							
Change in Operator	Casinghea		Conden								
If change of operator give name	····	THIS W	ELL HA	S BEEN I	PLACED IN	THE POOL					
and address of previous operator II. DESCRIPTION OF WELL.	AND LE	DESIGNA	TED D	FLOW IF	YOU DO N	iot concui 9635	₹ .				
Lease Name	AIND DE	Well No.	Pool Na	me. Includi	ng Formation	7/1/	Kind	of Lease	Le	ase No.	
Kiwi AKX State		1	i .			dge Dela	ware State	, Føderøl/at Fø	e/ VB	134	
Location Unit Letter P	:330)	Feet Fro	om The	SouthLin	e and3	30F	eet From The.	East	Line	
Section 16 Township		ATT E	Range	32E	, N	мрм,	Le	a ·	<u>.</u>	County	
EOTI Energy Operating LP	ا SPORTE	EOTT E	nergy Lan	Corp.	RAL GAS						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUL Name of Authorized Transporter of Oil XX or Condensate Enron Oil Trading & Transportation						Address (Give address to which approved copy of this form is to be sent) PO Box 1188, Houston, TX 77151-1188					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
Yates Petroleum Corpora					105 South 4th St., An						
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 16	Twp. 22	Rge. 32	Yes	y connected?	When	5-22-9	2		
If this production is commingled with that f IV. COMPLETION DATA	rom any oth	er lease or p	pool, giv	e comming!	ing order num	ber:					
Designate Type of Completion -	. (20)	Oil Well	ļ	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
		ol. Ready to	<u></u>		Total Depth	<u> </u>	<u> </u>	P.B.T.D.	I	.1	
Date Spudded	1		Piou.			751		8709			
4-28-92	5-23-92				8775 Top Oil/Gas Pay				Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.) 3704 GR	Name of Producing Formation Delaware				7202'			7500			
Perforations 7202-8643									Depth Casing Shoe 8775 *		
	T	UBING,	CASIN	IG AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
26"		20"			40'			Redi-Mix			
17½"	13-3/8"			871'			8	850 sx			
11"	8-5/8"				45351			1	1405 sx		
7-7/8"	5-1/2"				8775'			9	985 sx		
V TEST DATA AND REQUES	T FOR A	LLOWA	BLE	/2-7/8	3" @ 75	001/	owable for th	is depth or be t	for full 24 hour	s.)	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)					
5-22-92	5-23-92				Pump	ing	1				
Length of Test 24 hrs	Tubing Pressure 150				Casing Pressure 150			Choke Size	2 ¹¹		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
350	25	0			L00	<u></u> ,		113			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATION I hereby certify that the rules and regulation by the property of	tions of the	Oil Conserv	ration	CE	C	OIL CON	ISERV			N	
is true and complete to the best of my knowledge and belief.					Date	Approve	d	JUN 0	0 32		
Guarita Sasters					Bv_	Jalental L S	10142.6		KTON		
Signature JUANITA GOODLETT	- PRODU			₹	! 1						
Printed Name 5-27-92	(505)	748-1		······································	Title	·		· · · · · ·			
Date		Telep	phone No	٠,	11						

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.