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	1				i h			
Submit 5 Copies Appropriate District Office DISTRICT I	State of New Mexico Energy, Minerals and Natural Resources De				ent		Form C-104 Revised 1-1-89	
P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVIS				N		See Instructions at Bottom of Page	
DISTRICT II P.O. Drawer DD, Anesia, NM 88210		P.O. I	Box 2088		-			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	'n	inta Fe, New N						
Ι.	REQUEST F	OR ALLOWA						
Operator				TURALG		API No. 3/	599	
YATES PETROLEUM CORPORATION					3	0-025-3055		
Address 105 SOUTH 4th	STREET, ARTES	SIA, NM 88	210					
Reason(s) for Filing (Check proper box) New Well			Out	er (Please expl	nin)	······································	· · · · · · · · · · · · · · · · · · ·	
New Well	Oil Change in	Transporter of: Dry Gas						
Change in Operator	Casinghead Gas	Condensate						
If change of operator give name and address of previous operator				PLACED IN				
II. DESCRIPTION OF WELL	AND LEASE	NOTIFY TH	IS OFFICE.	F YOU DO N <u> </u>	3			
Lease Name Kiwi AKX State	Well No. 3	ting Formation 10/1/2 Kind			of Lease Federal of Fee/	Lease No. VB 134		
Location	2210	<u></u>	North	33	' J	·····	Fact	
Unit LetterH	. 2310	Feet From The		e and33	Fe	et From The	East Line	
Section 16 Townsh EOTT Energy Operating LP	nip 22S	Range 32E	, NI	мрм,	·	Lea	County	
III. DESIGNATION OF TRA								
Name of Authorized Transporter of Oil Enron Oil Trading &	IXXI or Conden	sate	Address (Giv	e address to wh 1188. H	<i>ich approved</i> ouston.	copy of this form TX 7715	is to be sent) 1–1188	
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form 105 South 4th St., Artesia, NM Yates Petroleum Corporation 105 South 4th St., Artesia, NM							is to be sent)	
If well produces oil or liquids, give location of tanks.			actually connected? When		· · · · · · · · · · · · · · · · · · ·			
If this production is commingled with that	from any other lease of	oor, give comming		er:	I	0-20-92		
IV. COMPLETION DATA	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sar	ne Res'v Diff Res'v	
Designate Type of Completion	и - (X) X		X	WORKOVEL	Берец	Flug Dack Sat		
Date Spudded 5-30-92	Date Compl. Ready to 7-2-92	Prod.	Total Depth 8850			P.B.T.D. 8796'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing For	Top Oil/Gas Pay			Tubing Depth			
3768 GR	Delaware	7117'			7000			
7117-8696'					Depth Casing Shoe 8850 ¹			
	TUBING, CASING AND		CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			· · · · · · · · · · · · · · · · · · ·	KS CEMENT	
17 2"	13-3/8"		<u>60'</u> 862'			Redi-Mix 750 sx		
11"	8-5/8"		4583'			1600		
7-7/8"	5-1/2"		<u>4585</u> 8850'	·, ·	1005			
V. TEST DATA AND REQUE		BLE /2.7/	8". @ 700			<u>+00-</u>	5.	
OIL WELL (Test must be after t	recovery of total volume of		be equal to or	exceed top allow			ll 24 hours.)	
Date First New Oil Run To Tank 6-28-92	Date of Test 7-2-92	į	• –	hod (Flow, pun	ıp, gas lift, el	c.)		
Length of Test	Tubing Pressure			Pumping Casing Pressure			Choke Size	
24 hrs	60		60			2"		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF		
569	112		457			53		
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Condens	ie/MMCF		Gravity of Conde	nsale	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC	ATE OF COMPL	JANCE	-					
I hereby certify that the rules and regula	OIL CONSERVATION DIVISION							
Division have been complied with and the structure and complete to the best of my have been structure and complete to the best of my have been structure and	JUL 1 3 '92							
			Date	Approved			· · · · · · · · · · · · · · · · · · ·	
Juante Da	By ORIGINAL SIGNED BY JERRY SEXTON							
Signature JUANITA GOODLETT	BISTEGT I SUPERVISOR							
Printed Name 7-8-92		ïtle	Title_		<u>. </u>			
7-8-92 Date		one No.						

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,

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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.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.