

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

**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

**I.**

Operator YATES PETROLEUM CORPORATION		Well API No. 30-025-31762	
Address 105 South 4th St., Artesia, NM 88210			
Reason(s) for Filing (Check proper box)			
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	<input type="checkbox"/> Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator			

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Kiwi AKX State	Well No. 7	Pool Name, Including Formation East Livingston Ridge Delaware	Kind of Lease State, Federal or Fed/ State	Lease No. VB-134
Location				
Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line				
Section <u>16</u> Township <u>22S</u> Range <u>32E</u> NMPM. Lea County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input checked="" type="checkbox"/> <b>EOT Energy Corp.</b> Yates Petroleum Corporation					Address (Give address to which approved copy of this form is to be sent) 105 South 4th St., Artesia, NM 88210	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	G	16	22	32	Yes	11-23-92

If this production is commingled with that from any other lease or pool, give commingling order number:

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-29-92	Date Compl. Ready to Prod. 11-29-92		Total Depth 8900'			P.B.T.D. 8850'			
Elevations (DF, RKB, RT, GR, etc.) 3768' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 7136'			Tubing Depth 7017'			
Perforations 7136-8710'						Depth Casing Shoe 8900'			

## TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	80'	Redi-Mix
17½"	13-3/8"	850'	800 sx - circulated
11"	8-5/8"	4610'	1650 sx - circulated
7-7/8"	5-1/2"	8900'	1020 sx - circulated

V. TEST DATA AND REQUEST FOR ALLOWABLE /2-7/8" @ 7017'/

**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 11-23-92	Date of Test 11-29-92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 50	Casing Pressure 50	Choke Size 2"
Actual Prod. During Test 669	Oil - Bbls. 186	Water - Bbls. 483	Gas- MCF 73

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method ( <i>pilot, back pr.</i> )	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## 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.

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*Juanita Goodlett*

Signature \_\_\_\_\_

Juanita Goodlett - Production Supvr.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

11-30-92 (505) 748-1471

Date \_\_\_\_\_ Telephone No. \_\_\_\_\_

## OIL CONSERVATION DIVISION

DEC 03 '92

**Date Approved**

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR

## Title

**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.

Fax Recd 11-30-92

RECEIVED

DEC 02 1992

OCD HOBBS OFFICE