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

## State of New Mexico y, Minerals and Natural Resources Departme

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

· · · · · · · · · · · · · · · · · · ·	<del></del>	IOINA	NOFC	JAT OIL	MIND IN	011712 07	Well A	PI No.		······································	
Operator YATES PETROLEUM CORPORATION						30-025-31947					
Address	·										
105 South 4th St.,	Artesi	a, NM	8821	_0	## AL	r (Please expla	in)				
Reason(s) for Filing (Check proper box)		Change in	Tennen	eter of	2020			ጥፑርጥ ለ፣፣/	MJART E		
New Well	Oil		Dry Ga					TEST ALLO	10	•	
Recompletion	Casinghea	r	Conden		rekruk	VIION9 \	U1/-05/	~ (Delawa	The Ju	ne 199	
If change of operator give name	6				·		***************************************	•	T		
and address of previous operator											
I. DESCRIPTION OF WELL AND LEASE				ome Includi	ling Formation K			nd of Lease No.			
Lease Name		Well No. Pool Name, Including						State, Federal or Fee		NM-77062	
Amanda AMN Federal Location		<u> </u>	נע	Lamonuc	all Dela	ware		<u> </u>		1002	
77	. 231	0	East Es	om The N	orth Line	and 165	0 Fe	et From The	Vest	Line	
Unit LetterF	_ : <del></del>		rea m	om me	<b></b>						
Section 11 Township	238		Range	32E	, NI	ирм,	Lea	·		County	
				TO 314 (T)T I	D.17 C.10						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	or Conden		U NATU	Address /Giv	address to wh	ich approved	copy of this form	is to be se	nt)	
EOTT Energy Corporation						P. O. Box 1188 - Houston, TX 77251-1188					
Name of Authorized Transporter of Casing		X	or Dry	Gas [	Address (Giv	e address to wh	iich approved	copy of this form	is to be se	nt)	
Yates Petroleum Corpor					105 So. 4th St Artes				•		
If well produces oil or liquids,	Unit	Sec.	Twp. Rge.					7			
give location of tanks.	F	11	23S	32E	ing order num	······································					
If this production is commingled with that IV. COMPLETION DATA	rom any ou	ner lease or	poor, gr	ve contuining	ing Order ham						
IV. COMI EFICIVE		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Designate Type of Completion	- (X)		İ_			<u> </u>	<u> </u>	<u> </u>			
Date Spudded	Date Com	pl. Ready to	o Prod.		Total Depth			P.B.T.D.			
					Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	Name of I	Name of Producing Formation							- month - about		
Perforations	1			<del></del>	1			Depth Casing S	hoe		
76.10.111											
	• • • • • • • • • • • • • • • • • • • •	TUBING,	CASI	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SAC	SACKS CEMENT		
								<del> </del>			
	<del> </del>			<del> </del>	<u> </u>						
V. TEST DATA AND REQUES	ST FOR	ALLOW	ABLE	<del></del> , <del></del>	1						
OIL WELL (Test must be after r	ecovery of t	total volume	of load	oil and mus	be equal to or	exceed top all	owable for the	is depth or be for	full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of T				Producing M	ethod (Flow, pi	ump, gas lift,	etc.)			
				Carina Press	170		Choke Size				
Length of Test	ngth of Test Tubing Pressure				Casing Pressure						
Actual Prod. During Test	Oil - Bbls	S.			Water - Bbis			Gas- MCF			
Verial Lion battile Loss	Ou - Dois				1			<u> </u>			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
							Oraba Sina				
esting Method (pitot, back pr.)  Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
							· · · · · · · · · · · · · · · · · · ·				
VI. OPERATOR CERTIFIC				NCE			VSERV	ATION D	IVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					JUN - 7 1993  Date Approved						
					Date ApprovedSEXTON						
Kustin Klein					By ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT   SALESRY SOR						
Signature Rusty Klein Production Clerk					₩ Бу-		DISTRICT	1 to 10 10 10 10 10 10 10 10 10 10 10 10 10			
Printed Name	r	Toudet	Title	OLCIK	Title	<b>.</b>					
June 2, 1993	(	505) 7				·					
Date		Te	lephone	No.				7 No 80 - 38 - 18 W 5 W 5	and at the constitution of		

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.