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

State of New Mexico cinergy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWARI F AND AUTHORIZATION

Operator			. AND NATURAL (
•	202201			Well A	PI No.		
YATES PETROLEUM (<u> </u>	025-28928					
Address 105 South 4th St.,	. Arteels NM	88210					
Reason(s) for Filing (Check proper box)	•	00210	Other (Please ex	rolain)			
New Well		n Transporter of:	Onive (1 sems &	- 			
Recompletion		Dry Gas	Effective	Date: 2-	1-92		
Change in Operator	Casinghead Gas				- /-		
f change of operator give name and address of previous operator							4
•	1315 7 5 4 6 5				····		
I. DESCRIPTION OF WELI Lease Name		Pool Name, Includi	na Formation	Vind o	Lease	1.00	e No.
Paduca Unit	2		a Delaware	State	ederal or Fee	NM-159	
Location	ll	L. Taduca	Delaware			1111 132	12
Unit LetterA	. 660	_ Feet From The No.	orth Line and	90 Fe	et From TheE	ast	L
Section 23 Towns	hip 25S	Range 32E	, NMPM,	Lea	:		County
T Energy Operating LP							
T Energy Coerating LP ILHDESIGNATION OF TRA Name of Authorized Transporter of Oil	NSPORTER OF C	OIL AND NATU	RAL GAS	12.1			
Name of Authorized Transporter of Oil English English Corp.			Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, TX 77151-1188				
Name of Authorized Transporter of Oil X Enforcedensale Corp. Enron Oil Trading & Transport arion Corp. Name of Authorized Transporter of Casinghead Gas Elective by Logical 3							
ivense of Authorized Transporter of Cast	ingneso USS ESI (UVIII)	A COL TIME CORP.	Address (Give address to	wnich approved	copy of this form	is to be sent	,
If well produces oil or liquids, jive location of tanks.	Unit Sec.	Twp. Rge. 25S 32E	is gas actually connected	? When	?	-	+
f this production is commingled with the	at from any other lease o	r pool, give comming	ling order number:				
V. COMPLETION DATA							
Designate Type of Completion	n - (X)	ll Gas Well	New Weil Workover	Deepen	Plug Back Sa	me Res'v	Diff Res
Date Spudded	Date Compl. Ready	to Prod.	Total Depth	<u> </u>	P.B.T.D.		-
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations		<u> </u>		Depth Casing S	hoe	· L · · · ·	
•							
· · · · · · · · · · · · · · · · · · ·	TURING	CASING AND	CEMENTING RECO	מפר			+
			CEMENTING RECO		SAC	KS CEMEN	JT .
HOLE SIZE		, CASING AND UBING SIZE	CEMENTING RECO		SAC	CKS CEMEN	T
					SAC	CKS CEMEN	Т
					SAC	CKS CEME	T
HOLE SIZE	CASING & T	UBING SIZE			SAC	CKS CEMEN	T
HOLE SIZE 7. TEST DATA AND REQUI	CASING & T	UBING SIZE	DEPTH S	ET			
HOLE SIZE V. TEST DATA AND REQUI	CASING & T	UBING SIZE		ET allowable for this	depth or be for j		
HOLE SIZE V. TEST DATA AND REQUIDIL WELL (Test must be after Date First New Oil Run To Tank	CASING & T EST FOR ALLOW recovery of total volume	UBING SIZE	DEPTH S	ET allowable for this	depth or be for j		
HOLE SIZE /. TEST DATA AND REQUI OIL WELL (Test must be after	EST FOR ALLOW recovery of total volume Date of Test	UBING SIZE	be equal to or exceed top Producing Method (Flow	ET allowable for this	depth or be for j		
HOLE SIZE 7. TEST DATA AND REQUIDIL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test	CASING & T CASING & T EST FOR ALLOW recovery of total volume Date of Test Tubing Pressure	UBING SIZE	be equal to or exceed top Producing Method (Flow Casing Pressure	ET allowable for this	depth or be for justice.)		
HOLE SIZE V. TEST DATA AND REQUIDIL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL	CASING & T EST FOR ALLOW recovery of total volume Date of Test Tubing Pressure Oil - Bbls.	UBING SIZE	be equal to or exceed top Producing Method (Flow Casing Pressure Water - Bbls.	ET allowable for this , pump, gas lift, e	depth or be for july. Choke Size Gas-MCF	full 24 hours.	
HOLE SIZE V. TEST DATA AND REQUIDIL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL	CASING & T CASING & T EST FOR ALLOW recovery of total volume Date of Test Tubing Pressure	UBING SIZE	be equal to or exceed top Producing Method (Flow Casing Pressure	ET allowable for this , pump, gas lift, e	depth or be for justice.)	full 24 hours.	
HOLE SIZE /. TEST DATA AND REQUIDIL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D	CASING & T EST FOR ALLOW recovery of total volume Date of Test Tubing Pressure Oil - Bbls.	VABLE e of load oil and must	be equal to or exceed top Producing Method (Flow Casing Pressure Water - Bbls.	ET allowable for this, pump, gas lift, e	depth or be for july. Choke Size Gas-MCF	full 24 hours.	
HOLE SIZE V. TEST DATA AND REQUIDIL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Festing Method (pitot, back pr.)	CASING & T EST FOR ALLOW recovery of total volume Date of Test Tubing Pressure Oil - Bbls. Length of Test Tubing Pressure (Sh	ABLE of load oil and must	be equal to or exceed top Producing Method (Flow Casing Pressure Water - Bbls. Bbls. Condensate/MMCI	eT allowable for this , pump, gas lift, e	depth or be for july.) Choke Size Gas- MCF Gravity of Cost	full 24 hours.	}
HOLE SIZE V. TEST DATA AND REQUIDIL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Festing Method (pitot, back pr.) VI. OPERATOR CERTIFICATION	CASING & T CASING	VABLE e of load oil and must	be equal to or exceed top Producing Method (Flow Casing Pressure Water - Bbls. Bbls. Condensate/MMCI	ET allowable for this, pump, gas lift, e	depth or be for july.) Choke Size Gas- MCF Gravity of Cost	full 24 hours.	}
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HOLE SIZE //. TEST DATA AND REQUIDIL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Festing Method (pitot, back pr.) VI. OPERATOR CERTIFIED In hereby certify that the rules and regulation have been complied with an is true and complete to the best of many complete to the best of many complete to the set of many complete to the se	CASING & T EST FOR ALLOW recovery of total volume Date of Test Tubing Pressure Oil - Bbls. Length of Test Tubing Pressure (Sh CATE OF COM guilations of the Oil Consect that the information gi	ABLE e of load oil and must ut-in) PLIANCE ervation iven above	be equal to or exceed top Producing Method (Flow Casing Pressure Water - Bbls. Bbls. Condensate/MMCI Casing Pressure (Shut-in OIL CC Date Appro	allowable for this, pump, gas lift, e	depth or be for plac.) Choke Size Gas-MCF Gravity of Coa Choke Size ATION D JAN 2 3 '9	densate)
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HOLE SIZE V. TEST DATA AND REQUIDIL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Festing Method (pitot, back pr.) VI. OPERATOR CERTIFIED In hereby certify that the rules and regulation have been complied with an is true and complete to the best of measurement.	CASING & T EST FOR ALLOW recovery of total volume Date of Test Tubing Pressure Oil - Bbls. Length of Test Tubing Pressure (Sh CATE OF COM guilations of the Oil Consect that the information gi	ABLE e of load oil and must ut-in) PLIANCE ervation iven above / (/ Supvr. Title	DEPTH S be equal to or exceed top Producing Method (Flow Casing Pressure Water - Bbls. Bbls. Condensate/MMCI Casing Pressure (Shut-in OIL CC Date Appro	allowable for this, pump, gas lift, e	depth or be for july july july july july july july july	densate	}

- 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.