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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

OCT 13 '89

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION	Well API No. 30-015-00088
Address 105 SOUTH 4th STREET, ARTESIA, NM 88210	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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 LaRue XX Federal	Well No. 1	Pool Name, Including Formation Undes. Canyon W. Idcat	Kind of Lease State, Federal or Lease	Lease No. NM-014142A
Location				
Unit Letter F	: 1980	Feet From The North	Line and	1980
Section 3	Township 20S	Range 24E	NMPM,	Eddy
County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Navajo Refining Co.	PO Box 159, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Yates Petroleum Corporation	105 South 4th St., Artesia, NM 88210	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 3
	Twp. 20	Rge. 24
	Is gas actually connected? Yes	When? 10-9-89

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X				X		X
Date Spudded RECOMPLETION 8-1-89	Date Compl. Ready to Prod. 8-9-89		Total Depth 9950'		P.B.T.D. 8652'			
Elevations (DF, RKB, RT, GR, etc.) 3749' GR	Name of Producing Formation Canyon		Top Oil/Gas Pay 7679'		Tubing Depth 7653'			
Perforations 7679-7736'					Depth Casing Shoe 8997'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8"		543'		375 sx (in place)			
12 1/2"	9-5/8"		3700-1377'		400 sx (in place)			
8-3/4"	4 1/2"		8997'		1380 sx (in place)			
	2-3/8"		7653'					

V. TEST DATA AND REQUEST FOR ALLOWABLE

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 1046	Length of Test 24 hrs	Bbls. Condensate/MMCF -0-	Gravity of Condensate
Testing Method (pilot, back pr.) Test Separator	Tubing Pressure (Shut-in) 270 psi	Casing Pressure (Shut-in) PKR	Choke Size 37/64"

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.

Signature
JUANITA GOODLETT - PRODUCTION SUPVR.
Printed Name
10-12-89
Date
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
OCT 17 1989
By
ORIGINAL SIGNED BY
MIKE WILLIAMS
Title
SUPERVISOR, DISTRICT II

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.