

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

State of New Mexico
 Energy, Minerals and Natural Resources Department

RECEIVED

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

SEP 07 '90

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

O. C. D.
 ARTESIA OFFICE

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator YATES PETROLEUM CORPORATION	Well API No. 30-015-26381
Address 105 South 4th St., Artesia, NM 88210	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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 Sara AHA	Well No. 2	Pool Name, Including Formation South Dagger Draw Upper Penn	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter H	: 1980	Feet From The North	Line and 660	Feet From The East
Section 15	Township 20S	Range 24E	, NMPM, Eddy County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Navajo Refining Co. <input checked="" type="checkbox"/>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 159, Artesia, NM 88210				
Name of Authorized Transporter of Casinghead Gas Yates Petroleum Corporation <input checked="" type="checkbox"/>	or Dry Gas <input type="checkbox"/>	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 H	Sec. 15	Twp. 20s	Rge. 24e	Is gas actually connected? Yes	When? 8-10-90

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 6-24-90	Date Compl. Ready to Prod. 8-24-90		Total Depth 9487'			P.B.T.D. 7757'		
Elevations (DF, RKB, RT, GR, etc.) 3648' GR	Name of Producing Formation Canyon		Top Oil/Gas Pay 7616'			Tubing Depth 7559'		
Perforations 7616-7729'				Depth Casing Shoe 9487'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
14-3/4"	9-5/8"		1211'			900 sx		
8-3/4"	7"		9487'			3075 sx		
	2-7/8"		7559'			Post ID-2 9-21-90 comp & BK		

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 8-10-90	Date of Test 8-24-90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 300	Casing Pressure Pkr	Choke Size 2"
Actual Prod. During Test 362	Oil - Bbls. 17	Water - Bbls. 345	Gas- MCF 820

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	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.

Juanita Goodlett
 Signature
 Juanita Goodlett - Production Supvr.
 Printed Name
 9-6-90
 Date
 Title
 (505) 748-1471
 Telephone No.

OIL CONSERVATION DIVISION

Date Approved **SEP 18 1990**

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.