

OIL CONSERVATION DIVISION

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

RECEIVED

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

OCT 9 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

Operator Yates Energy Corporation		Well API No. 30-015-26445
Address P. O. Box 2323, Roswell, NM 88202-2323		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

I. DESCRIPTION OF WELL AND LEASE

Lease Name Prickly Pear Federal	Well No. 1	Pool Name, Including Formation North Shugart Queen Y-SR-A-G	Kind of Lease State-Federal or Fee XXXX	Lease No. NM-2538
Location Unit Letter C : 400 Feet From The North Line and 2310 Feet From The West Line Section 12 Township 18-S Range 31-E, NMPM, Eddy County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Koch Oil Company	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3609, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit C Sec. 12 Twp. 18S Rge. 31E	Is gas actually connected? no When ?
If this production is commingled with that from any other lease or pool, give commingling order number:		

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8/19/90	Date Compl. Ready to Prod. 9/11/90	Total Depth 5000'	P.B.T.D. 4921'					
Elevations (DF, RKB, RT, GR, etc.) 3778.2 GR	Name of Producing Formation Queen	Top Oil Gas Pay 4498' 3520	Tubing Depth 3550'					
3520-3524			Depth Casing Shoe 4989'					

HOLE SIZE 12 1/4" 7 7/8"	CASING & TUBING SIZE 8 5/8" 4 1/2" 2 3/8"	DEPTH SET 357' 4990' 3550'	SACKS CEMENT 250 sx. Class "C" 240 sx. 63-35 poz + 1600 sx. Premium plus
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III. 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 9/11/90	Date of Test 10/2/90	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure 7 psig.	Choke Size 18-26-90
Actual Prod. During Test 15 Bbls.	Oil - Bbls. 11	Water - Bbls. 4	Gas - MCF TSTM

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.

Signature
Sharon R. Hamilton Landman
Printed Name
10/5/90 Date
623-4935 Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 23 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.