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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

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

RECEIVED
MAR 19 1993

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION	Well API No. 30-015-27156
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 Pauline ALB State	Well No. 8	Pool Name, Including Formation West Sand Dunes Delaware	Kind of Lease State, Federal or Fye	Lease No. V-3589
Location Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line Section 32 Township 23S Range 31E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> EOTT Energy Corporation	Address (Give address to which approved copy of this form is to be sent) PO Box 1188, Houston, TX 77251-1188	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips "66" Natural Gas	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 32
	Twp. 23	Rge. 31
	Is gas actually connected? Yes	When? 3-21-93

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 2-6-93	Date Compl. Ready to Prod. 3-23-93		Total Depth 8050'		P.B.T.D. 8000'			
Elevations (DF, RKB, RT, GR, etc.) 3365' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 7754'		Tubing Depth 7613'			
Perforations 7754-7891'					Depth Casing Shoe 8050'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		40'		Redi-Mix			
17 1/2"	13-3/8"		501'		500 sx - circulated			
11"	8-5/8"		3993'		1775 sx - circulated			
7-7/8"	5-1/2"		8050'		915 sx - circulated			

V. TEST DATA AND REQUEST FOR ALLOWABLE /2-7/8" @ 7613' /

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 3-21-93	Date of Test 3-23-93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 60	Casing Pressure 60	Choke Size 2"
Actual Prod. During Test 350	Oil - Bbls. 190	Water - Bbls. 160	Gas- MCF 211

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
Juanita Goodlett - Production Supvr.
Printed Name
3-25-93
Date
Title
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 31 1993

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.