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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

YATES PETROLEU	M CORPORATION		30-025-31540	
Address 105 SOUTH 4th	STREET, ARTESIA, NM 8	38210		
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator If change of operator give name	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate	Other (Please explain)	oval to flare casinghead gas from yell must be obtained from the AU OF LAND MANAGEMENT (BLM)	
and address of previous operator				
II. DESCRIPTION OF WELL Lease Name Arapaho AKP Federal Location	Well No. Pool Name, Inc	Obligation 172 Delaware 192	Kind of Lease Lease No. State, Federal of Foe/ NM 67717	
Unit Letter O		South Line and 1650	Feet From The East Line	
Section 29 Township	p 26S Range 33E	, NMPM,	Lea County	
III DECICNATION OF TDAN	SPOPTER OF OIL AND NAT	TURAL GAS		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil XX or Condensate Address (Give address to which approved copy of this form is to be sent)				
Enron Oil Trading & T			ston, TX 77151-1188	
Name of Authorized Transporter of Casing	phead Gas or Dry Gas		approved copy of this form is to be sent)	
If well produces oil or liquids,	EOTT Energy Corp.	ge. Is gas actually connected?	., Artesia, NM 88210 When?	
give location of tanks.	33 34 346 33	NO	1	
If this production is commingled with that it. IV. COMPLETION DATA	from any other lease or pool, give comm	ingling order number:		
Designate Type of Completion	Oil Well Gas Well - (X) X	i x	Deepen Plug Back Same Res'v Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.	Total Depth 6815 '	P.B.T.D. 5032 '	
3-31-92 Elevations (DF, RKB, RT, GR, etc.)	6-24-92 Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
3177.9' GR	Delaware	4820'	4350'	
Perforations		<u></u>	Depth Casing Shoe	
482	20-4892 1		5197'	
		ID CEMENTING RECORD	CACKO CENENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
26"	20" 8-5/8"	40' 722'	Redi-Mix 210 sx	
12¼" 7-7/8"	5-1/2"	5197'	300 sx	
7-778	2-7/8"	4350'	300 SX	
V. TEST DATA AND REQUEST FOR ALLOWABLE				
OIL WELL (Test must be after re	ecovery of total volume of load oil and m		ble 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.)	
4-28-92		Pumping * Casing Pressure	Choke Size	
Length of Test	Tubing Pressure	30		
24 hrs Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Open Gas- MCF	
130	21	109	25 (est)	
GAS WELL				
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
esting Method (phot, back pr.)	ruonig Treasure (onta m)	Canalag 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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.		1	OIL CONSERVATION DIVISION JUL 0 6 '92 Date Approved ORIGINAL SIGNED BY JERRY SEXTON BISTRIGT I SUPERVISOR	
8		ORIGINA	ORIGINAL SIGNED BY JEDRY	
Signature Department of the Company		11		
JUANITA GOODLETT	- PRODUCTION SUPVR.		I consider the control of the flat was a consider	
7-1-92	(505) 748 - 1471	Title	The state of the s	
Date	Telephone No.			

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.