

Submit 5 Copies
 Appropriate District Office
STRICT 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

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

STRICT II
 P.O. Box 1980, Hobbs, NM 88240

STRICT III
 P.O. Box 1980, Hobbs, NM 88240

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

Operator YATES PETROLEUM CORPORATION	Well API No. 30-025-31540
Address 105 SOUTH 4th STREET, ARTESIA, NM 88210	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> <input type="checkbox"/> Other (Please explain): Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)	
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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

Rattlesnake Flute Delaware

Lease Name Arapaho AKP Federal	Well No. 1	Pool Name, Including Formation Wildcat Delaware	Kind of Lease State, Federal or Fee/	Lease No. NM 67717
Location Unit Letter 0 : 330 Feet From The South Line and 1650 Feet From The East Line Section 29 Township 26S Range 33E , NMPM, Lea 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"/> Enron Oil Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) PO Box 1188, Houston, TX 77151-1188
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> EOTT Energy Corp.	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. Effective 1-1-92	Rge. 33 Is gas actually connected? NO When ?

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 3-31-92	Date Compl. Ready to Prod. 6-24-92	Total Depth 6815'		P.B.T.D. 5032'				
Elevations (DF, RKB, RT, GR, etc.) 3177.9' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 4820'		Tubing Depth 4350'				
Perforations 4820-4892'				Depth Casing Shoe 5197'				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	40'	Redi-Mix
12 1/2"	8-5/8"	722'	210 sx
7-7/8"	5-1/2"	5197'	300 sx
	2-7/8"	4350'	

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 4-28-92	Date of Test	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 30	Casing Pressure 30	Choke Size Open
Actual Prod. During Test 130	Oil - Bbls. 21	Water - Bbls. 109	Gas - MCF 25 (est)

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
7-1-92 Date
(505) 748-1471 Telephone No.

**OIL CONSERVATION DIVISION
 JUL 06 '92**

Date Approved _____
 By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR
 Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.