

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

State of New Mexico
Geology, Minerals and Natural Resources Department

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

CISTF
2/27/93
op

OIL CONSERVATION DIVISION

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

RECEIVED

APR 09 1993

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

C.L.D.

I.

Operator YATES PETROLEUM CORPORATION	Well API No. 30-005-61375
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 Rock House VF State	Well No. 1	Pool Name, Including Formation West Pecos Slope Abo	Kind of Lease State, Federal or Fee	Lease No. LG 9152
Location Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line Section 16 Township 8S Range 22E , NMPM , Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Refining Co.	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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Yates Petroleum Corporation	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 E	Sec. 16	Twp. 8	Rge. 22	Is gas actually connected? Yes	When? 4-7-93

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 11-29-82	Date Compl. Ready to Prod. 1-23-83	Total Depth 3100'		P.B.T.D. 3047'				
Elevations (DF, RKB, RT, GR, etc.) 4064.8' GR	Name of Producing Formation Abo	Top Oil/Gas Pay 2494'		Tubing Depth 2468'				
Perforations 2494-2855'	Depth Casing Shoe 3098'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14-3/4"	10-3/4"		800'		1100 sx			
7-7/8"	4-1/2"		3098'		300 sx			
	2-7/8"		2468'					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 170	Length of Test 6 hrs	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 200	Casing Pressure (Shut-in) Pkr	Choke Size 3/16"

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
4-8-93 Date
(505) 748-1471 Telephone No.

OIL CONSERVATION DIVISION

Date Approved **APR 12 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.