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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

OIL CONSERVATION DIVISION

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION	Well API No. 30-015-26923
Address 105 South 4th St., Artesia, NM 88210	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" 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 Chamois AKE Federal Com	Well No. 1	Pool Name, Including Formation Under Strawn Gas	Kind of Lease State, Federal or Fye	Lease No. NM 0473817
Location Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line Section 33 Township 20-S Range 29-E, NMPM, Eddy 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 Company	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 G	Sec. 33	Twp. 20s	Rge. 29e	Is gas actually connected? Yes	When? Reconnected 6-25-93

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		X
Date Spudded RECOMPLETION 4-13-93	Date Compl. Ready to Prod. 6-25-93		Total Depth 12220'			P.B.T.D. 11015'		
Elevations (DF, RKB, RT, GR, etc.) 3621' GR	Name of Producing Formation Strawn		Top Oil/Gas Pay 10594'			Tubing Depth 9881'		
Perforations 10594-10636'			Depth Casing Shoe 12220'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
30"	30"		461'		Red-Mix 900 sx - circulated			
26"	20"		1416'		1050 sx - circulated			
17 1/2"	13-3/8"		3115'		1080 sx - circulated			
12 1/4"	8-5/8"		12220'		1485 sx			
7-7/8"	5-1/2"							

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.)		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tank	Date of Test	Post TD-2 12-31-93	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size PKA well comp Strawn
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 40	Length of Test 24 hrs	Bbls. Condensate/MMCF 1	Gravity of Condensate 48° (est)
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 60	Casing Pressure (Shut-in) PKR	Choke Size 48/64"

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 Supervisor
Printed Name
11-23-93
Date
505/748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 29 1993

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.