

Submit 5 Copies
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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION	AUG 31 1993	Well API No. 30-015-27375
Address 105 South 4th St., Artesia, NM 88210		
Reason(s) for Filing (Check proper box) 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 Amaranth AMG Federal Com	Well No. 1	Pool Name, including Formation NE Don Hermana Morrow Wildcat Morrow	Kind of Lease State, Federal or Fee	Lease No. NM-54298
Location Unit Letter B : 1310 Feet From The North Line and 2630 Feet From The East Line Section 12 Township 20S Range 30E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Navajo Refining Company	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 159 - Artesia, NM 88210				
Name of Authorized Transporter of Casinghead Gas Llano, Inc.	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 921 W. Sanger - Hobbs, NM 88241				
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 12	Twp. 20S	Rge. 30E	Is gas actually connected? yes	When? 6-24-93

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 RH 4-7-93 RT 4-10-93	Date Compl. Ready to Prod. 8-14-93		Total Depth 13102'		P.B.T.D. 12942'			
Elevations (DF, RKB, RT, GR, etc.) 3322' GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 12468'		Tubing Depth 12349'			
Perforations 12468-12792' Morrow					Depth Casing Shoe 13102'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 36"	CASING & TUBING SIZE 30"	DEPTH SET 40'	Cmt to SACKS CEMENT surface					
26"	20"	430'	970 sx - circulate					
17-1/2"	13-3/8"	1588'	1300 sx - circulate					
12-1/4"	8-5/8"	4050'	2165 sx - circulate					
7-7/8"	5-1/2"	13102'	1600 sx - circulate					

V. TEST DATA AND REQUEST FOR ALLOWABLE 2-7/8" 12349"

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.) Post ID-2 9-36-93 comp & BK	
Date First New Oil Run To Tank	Date of Test	Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water - Bbls.	Gas - MCF
Actual Prod. During Test	Oil - Bbls.		

GAS WELL

Actual Prod. Test - MCF/D 1489	Length of Test 24 hours	Bbls. Condensate/MMCF 14	Gravity of Condensate 57.8
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 600	Casing Pressure (Shut-in) packer	Choke Size 3/8"

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
Rusty Klein
Printed Name
August 31, 1993
Date
Production Clerk
Title
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 22 1993

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.
- Separate Form C-104 must be filed for each pool in multiply completed wells.