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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

JUN 1 1990

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION	Well API No. 30-005-61822
Address 105 South 4th St., Artesia, New Mexico 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 Abo VT Federal	Well No. 1	Pool Name, Including Formation Pecos Slope Abo, South	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Jap	Lease No. NM 17018
Location Unit Letter P : 990 Feet From The south Line and 990 Feet From The east Line Section 30 Township 9S Range 25E, 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 So. 4th, Artesia, NM 88210					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 30	Twp. 9	Rge. 25	Is gas actually connected? YES	When? 6-8-90

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 X	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11-20-82	Date Compl. Ready to Prod. 12-15-82		Total Depth 4325'		P.B.T.D. 4322'			
Elevations (DF, RKB, RT, GR, etc.) 3541.1' GR	Name of Producing Formation Abo		Top Oil/Gas Pay 3637'		Tubing Depth 3585'			
Perforations 3637-50'					Depth Casing Shoe 4325'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	80'	Redi-Mix
14-3/4"	10-3/4"	607'	825
9-7/8"	8-5/8"	1500'	350
7-7/8"	4 1/2"	4325'	350

V. TEST DATA AND REQUEST FOR ALLOWABLE 12-7/8" - 3585'

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 8 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.

Signature
Juanita Goodlett, Production Supervisor
Printed Name
6-8-90
Date
505/748-1471
Title
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 1 5 1990

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.