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LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
NATURAL GAS	<input checked="" type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

RECEIVED  
SEP -7 '89

REQUEST FOR ALLOWABLE O. C. C.  
AND  
ARTESIA, OFFICE  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Yates Petroleum Corporation		API #30-005-62163
Address 105 South 4th St., Artesia, NM 88210		
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>		Other (Please explain) Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		Kind of Lease NM-21494	Lease No.
Lease Name Wanda ZT Federal	Well No. 1	State, Federal or Fee Federal	
Pool Name, including Formation South Pecos Slope Abo			
Location Unit Letter <u>E</u> : 1980 Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> <u>1/4</u> Sec.			
Line of Section 31	Township 10S	Range 26E	NMPM, Chaves County

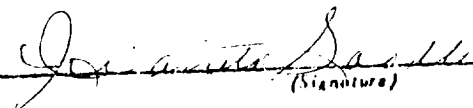
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Refg. Co.	PO Box 159, Artesia, NM 88210		
Name of Authorized 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. 31	Twp. 10s
		Rge. 26e	Is gas actually connected? YES
			When 9-5-89

If this production is commingling with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'ty.	Diff. Res'ty.
Designate Type of Completion - (X)			X	X					
Date Spudded 6-22-84	Date Compl. Ready to Prod. 6-30-84	Total Depth 4800'		P.B.T.D. 4739'					
Elevations (DF, RKH, RT, GR, etc.) 3759.6' GR	Name of Producing Formation Abo	Top Oil/Gas Pay 4262'		Tubing Depth 4213'					
Perforations 4262-4517'				Depth Casing Shoe 4800'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 26"	CASING & TUBING SIZE 20"	DEPTH SET 40'		SACKS CEMENT Redi-Mix					
14-3/4"	10-3/4"	950'		550					
7-7/8"	4-1/2"	4800'		780					
	2-3/8"	4213'							

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)			
OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks	Date of Test		
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 505	Length of Test 3 hrs	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 330 psi	Casing Pressure (shut-in) PKR	Choke Size 1/4"

VI. 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.	
 Production Supervisor (Date) 9-5-89 Phone No. (505) 748-1471 (Date)	

OIL CONSERVATION DIVISION	
SEP 8 1989	
APPROVED	19
BY	ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II
TITLE	
This form is to be filed in compliance with RULE 1102.	
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
All portions of this form must be filled out completely for allowable on new and recompleted wells.	
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	
Separate Form C-104 must be filled for each pool in multiple completed wells.	