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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

NOV 27 '89

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator YATES PETROLEUM CORPORATION		Well API No. 30-015-10268	ARTESIA, OFFICE
Address 105 SOUTH 4th STREET, ARTESIA, NM 88210			
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)			
New Well <input checked="" type="checkbox"/> RE-ENTRY	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 Marathon AGI State	Well No. 1	Pool Name, Including Formation South Eagle Creek Atoka-Morrow	Kind of Lease State, Federal or Prop	Lease No. V-2480
Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line Section 33 Township 17S Range 24E, 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"/>	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"/>	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 A	Sec. 33	Twp. 17S	Rge. 24E	Is gas actually connected? Yes	When? 11-20-89

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
RE-ENTRY		X	X		X			
Date Spudded 3-1-89	Date Compl. Ready to Prod. 11-16-89		Total Depth 7970'		P.B.T.D. 7929'			
Elevations (DF, RKB, RT, GR, etc.) 3790' GR	Name of Producing Formation Atoka-Morrow		Top Oil/Gas Pay 7613'		Tubing Depth 7563'			
Perforations 7772-7780', 7613-7651'					Depth Casing Shoe 7970'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17"	12-3/4"		109'		250 sx (in place)			
11"	8-5/8"		600'		300 sx (in place)			
11"	7"		1432'		350 sx (in place)			
6 1/2"	2-3/8"		7563'		1500 sx			

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 ID-2 12-15-89	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size comp MC Also - PM
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 2424	Length of Test 24 hrs	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1000 psi	Casing Pressure (Shut-in) PKR	Choke Size 20/64"

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 SUPVR.
Printed Name
11-21-89
Date
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved

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.