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Appropriate District Office
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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

RECEIVED

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

JUN 21 '89 OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	YATES PETROLEUM CORPORATION	Well API No.	30-015-10268
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	Unders. Wolfcamp	Kind of Lease	State, Federal or Fee	Lease No.	V-2480
Location									
Unit Letter	A	:	660	Feet From The	North	Line and	660	Feet From The	East
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)				
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"/>	Address (Give address to which approved copy of this form is to be sent)				
Yates Petroleum Corporation		105 So. 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?	When?
					Yes	6/20/89

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
		X	X		X			
Date Spudded	RE-ENTRY	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
3-1-89		4-27-89	7970'		4999'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3790' GR	Wolfcamp		4881'		4790'			
Perforations					Depth Casing Shoe			
4881-4925'					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"	4 1/2"		7970'		1500 sx			
			4790'					

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.)

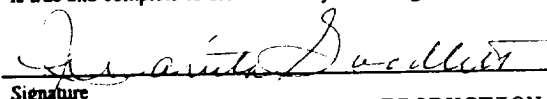
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
		Post ID-2	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			9-8-89
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
			comp Wolfcamp

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
320 mcf/d	24 hrs	-	-
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	205 psi	PKR	1/4"

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
6-20-89
Title
(505) 748-1471

Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 31 1989

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.