

|                                         |                                          |                                                                                                                          |                                                                 |
|-----------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| NO. OF COPIES RECEIVED                  | 5                                        | NEW MEXICO OIL CONSERVATION COMMISSION<br>REQUEST FOR ALLOWABLE<br>AND<br>AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | Form C-104<br>Supersedes Old C-104 and C-11<br>Effective 1-1-65 |
| DISTRIBUTION                            |                                          |                                                                                                                          |                                                                 |
| SALE                                    | 1                                        |                                                                                                                          |                                                                 |
| FILE                                    | 1                                        |                                                                                                                          |                                                                 |
| U.S.G.S.                                |                                          |                                                                                                                          |                                                                 |
| LAND OFFICE                             |                                          |                                                                                                                          |                                                                 |
| TRANSPORTER                             | OIL 1<br>GAS 1                           |                                                                                                                          |                                                                 |
| OPERATOR                                | 1                                        |                                                                                                                          |                                                                 |
| PRODUCTION OFFICE                       |                                          |                                                                                                                          |                                                                 |
| Operator                                | Yates Petroleum Corporation              |                                                                                                                          |                                                                 |
| Address                                 | 207 South 4th Street - Artesia, NM 88210 | O.C.C.                                                                                                                   |                                                                 |
| Reason(s) for filing (Check proper box) |                                          | Other (Please explain)                                                                                                   |                                                                 |
| New Well                                | <input type="checkbox"/>                 | Change in Transporter of                                                                                                 |                                                                 |
| Recompletion                            | <input checked="" type="checkbox"/>      | Oil                                                                                                                      | <input type="checkbox"/>                                        |
| Change in Ownership                     | <input type="checkbox"/>                 | Casinghead Gas                                                                                                           | <input type="checkbox"/>                                        |
|                                         |                                          | Dry Gas                                                                                                                  | <input type="checkbox"/>                                        |
|                                         |                                          | Condensate                                                                                                               | <input type="checkbox"/>                                        |

If change of ownership give name and address of previous owner \_\_\_\_\_

|                               |                  |                                                          |                                  |
|-------------------------------|------------------|----------------------------------------------------------|----------------------------------|
| DESCRIPTION OF WELL AND LEASE |                  |                                                          |                                  |
| Lease Name                    | Well No.         | Pool Name, Including Formation                           | Kind of Lease                    |
| ARCO EC State                 | 1                | Eagle Creek Permo Penn Ga                                | State, Federal or Fee State      |
| Location                      | Lease No. K-4942 |                                                          |                                  |
| Unit Letter                   | B                | 660 Feet From The North Line and 2310 Feet From The East |                                  |
| Line of Section               | 36               | Township 17S                                             | Range 25E, N.M.P.M., Eddy County |

|                                                          |                                                                          |               |                                     |
|----------------------------------------------------------|--------------------------------------------------------------------------|---------------|-------------------------------------|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS        |                                                                          |               |                                     |
| Name of Authorized Transporter of Oil                    | <input type="checkbox"/>                                                 | or Condensate | <input checked="" type="checkbox"/> |
| Navajo Crude Oil Purchasing Company                      | Address (Give address to which approved copy of this form is to be sent) |               |                                     |
| No. Freeman Avenue-Artesia, NM 88210                     |                                                                          |               |                                     |
| Name of Authorized Transporter of Casinghead Gas         | <input type="checkbox"/>                                                 | or Dry Gas    | <input checked="" type="checkbox"/> |
| Transwestern Pipeline Company                            | Address (Give address to which approved copy of this form is to be sent) |               |                                     |
| P. O. Box 2521-Houston, TX 77001                         |                                                                          |               |                                     |
| If well produces oil or liquids, give location of tanks. | Unit                                                                     | Sec.          | Twp.                                |
| B                                                        | 36                                                                       | 17S           | 25E                                 |
| Is gas actually connected?                               | When approx 7-20-79                                                      |               |                                     |
| Yes                                                      | 7-16-79                                                                  |               |                                     |

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

|                                      |                             |                 |                   |
|--------------------------------------|-----------------------------|-----------------|-------------------|
| COMPLETION DATA                      |                             |                 |                   |
| Designate Type of Completion - (X)   | Oil Well                    | Gas Well        | New Well          |
|                                      |                             | X               |                   |
| Date Spudded                         | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.          |
| 3-20-79                              | 7-11-79                     | 8678' KB        | 6728'             |
| Elevations (DF, RKB, RT, CR, etc.)   | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth      |
| 3470' KB                             | Permo-Penn                  | 6534'           | 6505'             |
| Perforations                         | 6534-6692'                  |                 | Depth Casing Shoe |
|                                      |                             |                 | 8678'             |
| TUBING, CASING, AND CEMENTING RECORD |                             |                 |                   |
| HOLE SIZE                            | CASING & TUBING SIZE        | DEPTH SET       | SACKS CEMENT      |
| 17 1/2"                              | 12-3/4"                     | 376'            | 250               |
| 11"                                  | 8-5/8"                      | 1276'           | 1150              |
| 7-7/8"                               | 5 1/2"                      | 8678'           | 200               |
|                                      | 2-7/8"                      | 6505'           |                   |

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 Tanks | 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          | Length of Test            | Bbls. Condensate/MCF      | Gravity of Condensate |
| 395'                             | 20 hrs                    |                           |                       |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |
| Back Pressure                    | 1675#                     | Pkr                       | 1/2"                  |

|                                                                                                                                                                                                              |  |                                                                                                                                                                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| CERTIFICATE OF COMPLIANCE                                                                                                                                                                                    |  | OIL CONSERVATION COMMISSION                                                                                                                                                                  |  |
| I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. |  | SEP 6 1979                                                                                                                                                                                   |  |
| Christine Tomlinson-Geol. Secty.                                                                                                                                                                             |  | APPROVED _____                                                                                                                                                                               |  |
| (Signature)                                                                                                                                                                                                  |  | BY _____                                                                                                                                                                                     |  |
| 7-17-79                                                                                                                                                                                                      |  | TITLE SUPERVISOR, DISTRICT II                                                                                                                                                                |  |
| (Date)                                                                                                                                                                                                       |  |                                                                                                                                                                                              |  |
|                                                                                                                                                                                                              |  | This form is to be filed in compliance with RULE 1104.                                                                                                                                       |  |
|                                                                                                                                                                                                              |  | 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 sections of this form must be filled out completely for allowables 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.                                                       |  |