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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

RECEIVED

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

MAY 21 '90

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|---|---|------------------------------|
| Operator YATES PETROLEUM CORPORATION | | Well API No. 30-015-20128 |
| 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: RE-ENTRY | |
| 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 Carl TP Com | Well No. 2 | Pool Name, Including Formation South Dagger Draw Upper Penn | Kind of Lease State/Federal/Fee | Lease No. |
| Location Unit Letter K : 1650 Feet From The South Line and 2220 Feet From The West Line Section 22 Township 20S 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 K Sec. 22 Twp. 20 Rge. 24 Is gas actually connected? YES When? 4-27-90 |

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 | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v X |
| Date Spudded RE-ENTRY 2-17-90 | Date Compl. Ready to Prod. 5-11-90 | | Total Depth 9313' | | P.B.T.D. 7648' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3695' GR | Name of Producing Formation Canyon | | Top Oil/Gas Pay 7549' | | Tubing Depth 7483' | | | |
| Perforations 7549-7600' | | | | | Depth Casing Shoe 9295' | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 11" | 8-5/8" | | 1032' | | 525 SX | | | |
| 7-7/8" | 5 1/2" | | 9295' | | 1515 SX | | | |
| | 2-7/8" | | 7483' | | | | | |

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.)

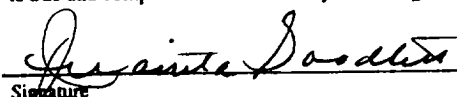
| | | | |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas- MCF |

GAS WELL

| | | | |
|---|---------------------------------|----------------------------------|----------------------------|
| Actual Prod. Test - MCF/D 238 | Length of Test 24 hrs | Bbls. Condensate/MMCF -0- | Gravity of Condensate - |
| Testing Method (pilot, back pr.) Back Pressure | Tubing Pressure (Shut-in) 80 | Casing Pressure (Shut-in) Pkr | Choke Size |

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
5-21-90
Date
505/748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 2 5 1990

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.