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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

000 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

DEC 16 1991

O. C. D.
ARTESIA OFFICE

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

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REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION ✓	Well API No. 30-015-23594
Address 105 South 4th St., Artesia, NM 88210	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Oakason NV Federal	Well No. 2	Pool Name, Including Formation Undes. Atoka	Kind of Lease State, Federal or Fed /	Lease No. NM 12246
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u> Line Section <u>27</u> Township <u>19S</u> Range <u>24E</u> , NMPM, Eddy County				

II. 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) PO Box 2521, Houston, TX 77001
If well produces oil or liquids, give location of tanks.	Unit <u>F</u> Sec. <u>27</u> Twp. <u>19</u> Rge. <u>24</u>
Is gas actually connected?	When? RECONNECTED 12-11-91
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 <input checked="" type="checkbox"/>	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded RECOMPLETION 12-10-91	Date Compl. Ready to Prod. 12-11-91		Total Depth 9075'		P.B.T.D. 9054'; RBP @ 8638'			
Elevations (DF, RKB, RT, GR, etc.) 3690' GR	Name of Producing Formation Atoka		Top Oil/Gas Pay 8475'		Tubing Depth 8400'			
Perforations 8475-8538'					Depth Casing Shoe 9074'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8"		265'		400 sx (in place)			
12 1/2"	8-5/8"		1106'		1150 sx (in place)			
7-7/8"	5 1/2"		9074'		635 sx (in place)			
	2-3/8"		8400'					

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 1460	Length of Test 24 hr	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 980	Casing Pressure (Shut-in) PKR	Choke Size 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
Printed Name Juanita Goodlett - Production Supvr.
Date 12-13-91 Title (505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 26 1991

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.