

Submit 5 Copies
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

APR 01 1993

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION	Well API No. 30-015-26047
Address 105 South 4th St., Artesia, NM 88210	
Reason(s) for Filing (Check proper box) 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	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cacti AGB State Com	Well No. 1	Pool Name, Including Formation South Dagger Draw U/Penn	Kind of Lease State, Federal or Fee	Lease No. V-1116
Location Unit Letter J : 1980 Feet From The South Line and 2230 Feet From The East Line Section 2 Township 20S Range 24E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil CONOCO Transportation <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 1407 N. West County Road, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas Yates Petroleum Corporation <input checked="" type="checkbox"/> or Dry Gas <input 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 J Sec. 2 Twp. 20 Rge. 24	Is gas actually connected? Yes When Reconnected 3-30-93

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 X	Gas Well	New Well	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded RECOMPLETION 3-24-93	Date Compl. Ready to Prod. 3-30-93	Total Depth 9470'	P.B.T.D. 9115'					
Elevations (DF, RKB, RT, GR, etc.) 3640.1' GR	Name of Producing Formation Canyon	Top Oil/Gas Pay 7699'	Tubing Depth 7559'					
Perforations 7699-7810'	Depth Casing Shoe 9470'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
26"	20"	40'	Redi-Mix (in place)					
14-3/4"	9-5/8"	1217'	925 sx (in place)					
8-3/4"	7"	9470'	1770 sx (in place)					
	2-7/8"	7559'						

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 3-29-93	Date of Test 3-30-93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 100	Casing Pressure 100	Choke Size 2"
Actual Prod. During Test 336	Oil - Bbls. 178	Water - Bbls. 158	Gas - MCF 151

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.

Juanita Goodlett
Signature
Juanita Goodlett - Production Supvr.
Printed Name
3-30-93
Date
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR - 2 1993

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.