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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

JAN 19 '90

O. C. D.
ARTESIA, OFFICE

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION		Well API No. 30-015-26096
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Roden GD Federal	Well No. 3	Well Name, Including Formation North Dagger Draw-Upper Penn	Kind of Lease State, Federal or Fed /	Lease No. NM 26864
Location Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line Section 24 Township 19S Range 24E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Navajo Refining Co.	<input checked="" type="checkbox"/> or Condensate <input 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 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 So. 4th St., Artesia, NM 88210				
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 24	Twp. 19	Rge. 24	Is gas actually connected? Yes	When? 11-10-89

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 X	Gas Well	New Well	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded RECOMPLETION 11-6-89	Date Compl. Ready to Prod. 1-9-90		Total Depth 9200'		P.B.T.D. 8758'			
Elevations (DF, RKB, RT, GR, etc.) 3601' GR	Name of Producing Formation Canyon		Top Oil/Gas Pay 7636'		Tubing Depth 7589'			
Perforations 7636-7747'					Depth Casing Shoe 9200'			
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"		1200'		1300 sx (in place)			
8-3/4"	7"		9200'		1835 sx (in place)			
	2-7/8"		7589'					

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 11-16-89	Date of Test 1-9-90	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 45	Casing Pressure -	Choke Size Open
Actual Prod. During Test 103	Oil - Bbls. 11	Water - Bbls. 92	Gas- MCF 518

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.

Signature
Juanita Goodlett - Production Supvr.
Printed Name
1-17-90
Date
(505) 748-1471
Title
Telephone No.

OIL CONSERVATION DIVISION

FEB 9 1990

Date Approved
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.