

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

RECEIVED

APR 16 1992

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. 30-015-26118
Address 105 South 4th St., Artesia, NM 88210		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) WELL IS COMMINGLED - ORDER DHC-833 ATOKA - 64% GAS - 64% CONDENSATE MORROW- 36% GAS - 36% CONDENSATE
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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 Parish IV Com	Well No. 2	Pool Name, Including Formation North Cemetery Atoka	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line Section 26 Township 19S 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"/> Navajo Refg. Co.	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"/> Yates Petroleum Corporation	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 F	Sec. 26
	Tw. 19	Rge. 24
Is gas actually connected? Yes		When? 1-15-92

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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X						X
Date Spudded RECOMPLETION 1-3-92	Date Compl. Ready to Prod. 1-11-92		Total Depth 9220'		P.B.T.D. 9094'			
Elevations (DF, RKB, RT, GR, etc.) 3450' GR	Name of Producing Formation Atoka		Top Oil/Gas Pay 8585'		Tubing Depth 8496'			
Perforations 8585-8646'					Depth Casing Shoe 9220'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20'		40'		RediMix (in place)			
14-3/4"	9-5/8"		1290'		1375 sx (in place)			
8-3/4"	7"		9220'		2100 sx (in place)			
	2-7/8"		8496'					

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.) Pp ID-2 5-29-92 Comp P10-Mar	
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 782	Length of Test 24 hrs	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 125	Casing Pressure (Shut-in) Pkr	Choke Size 32/64"

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  
4-14-92  
Date  
Title  
(505) 748-1471  
Telephone No.

OIL CONSERVATION DIVISION

MAY 10 1992

Date Approved  
By  
ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II  
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.