

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION ✓	Well API No. 30-015-26138
Address 105 South 4th St., Artesia, NM 88210 ✓	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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

Note: chg pool name

II. DESCRIPTION OF WELL AND LEASE

Lease Name Carl YB Com	Well No. 1	Pool Name, Including Formation S. Dagger ^W Penn Assoc. Undes. Canyon Draw W Penn	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East 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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 22	Twp. 20	Rge. 24	Is gas actually connected? No	When? Approx. Dec. 20, 1989

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6-30-89	Date Compl. Ready to Prod. 9-30-89		Total Depth 9500'		P.B.T.D. ^{Post ID-2} 8100' ¹²⁻²⁹⁻⁸⁹			
Elevations (DF, RKB, RT, GR, etc.) 3663' GR	Name of Producing Formation Canyon		Top Oil/Gas Pay 7609'		Tubing Depth ^{6mgs + BK} 7538'			
Perforations 7609-7716'					Depth Casing Shoe 9494'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		40'		Redi-Mix			
14-3/4"	9-5/8"		1199'		800 sx			
8-3/4"	7"		9494'		2100 sx			
	2-7/8"		7538'					

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.)

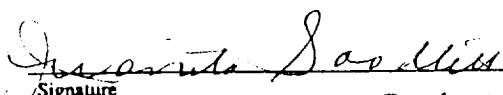
Date First New Oil Run To Tank 9-28-89	Date of Test 9-30-89	Producing Method (Flow, pump, gas lift, etc.) Producing	
Length of Test 24 hrs	Tubing Pressure 200	Casing Pressure Pkr	Choke Size 32/64"
Actual Prod. During Test 670	Oil - Bbls. 30	Water - Bbls. 640	Gas - MCF 1494

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
Title
(505) 748-1471
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 10 1990

By ORIGINAL SIGNED BY
Title DISTRICT I

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.