

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. 30-015-26250
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Foster FF Com	Well No. 2	Pool Name, Including Formation North Dagger Draw Upper Penn	Kind of Lease State, Federal or Fee	Lease No. FEE
Location				
Unit Letter L	: 1855	Feet From The South	Line and 660	Feet From The West
Section 1	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 type="checkbox"/> or Dry Gas <input type="checkbox"/> YPC	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 L	Sec. 1	Twp. 20s	Rge. 24e	Is gas actually connected? No	When? 2-9-90

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 X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12-15-89	Date Compl. Ready to Prod. 1-22-90	Total Depth 8040'		P.B.T.D. 7923'				
Elevations (DF, RKB, RT, GR, etc.) 3605' GR	Name of Producing Formation Canyon	Top Oil/Gas Pay 7708'		Tubing Depth 7630'				
Perforations 7708-7772'				Depth Casing Shoe 8040'				
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"	1298'		1100 sx				
8-3/4"	7"	8040'		1950 sx				
	2-7/8"	7630'						

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 1-22-89 (swab test)	Date of Test 1-22-89	Producing Method (Flow, pump, gas lift, etc.) Swab test -	Post ID-2 3-2-90 damp & BK
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure Pkr	Choke Size Open
Actual Prod. During Test 518	Oil - Bbls. 144	Water - Bbls. 374	Gas- MCF 216

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  
2-12-90  
Date  
Title  
(505) 748-1471  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 28 1990  
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.