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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

RECEIVED

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

OIL CONSERVATION DIVISION

JUL 13 '90

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

C. O. D.
ARTESIA, OFFICE

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator YATES PETROLEUM CORPORATION	Well API No. 30-015-26259
Address 105 South 4th St., Artesia, New Mexico 88210	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> 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 Nopal AFP Federal Com	Well No. 1	Pool Name, Including Formation North Dagger Draw Upper Penn	Kind of Lease State, Federal or Fee	Lease No. NM 51828
Location Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line Section 35 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.	or Condensate <input checked="" 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	or Dry Gas <input checked="" 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 N	Sec. 35	Twp. 19S	Rge. 24E	Is gas actually connected? YES	When? 6-13-90

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	Gas Well X	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5-1-90	Date Compl. Ready to Prod. 6-29-90		Total Depth 9400'		P.B.T.D. 7835'			
Elevations (DF, RKB, RT, GR, etc.) 3687' GR	Name of Producing Formation Canyon		Top Oil/Gas Pay 7682'		Tubing Depth 7636'			
Perforations 7682-7802'					Depth Casing Shoe 9400'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 26"	CASING & TUBING SIZE 20"		DEPTH SET 40'		SACKS CEMENT Redi-Mix			
14-3/4"	9-5/8"		1300'		1100 sx			
8-3/4"	7"		9400'		2175 sx			
	2-7/8"		7655'					

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.) Pump 20-2 7-27-90	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size comp 4 BK
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 1381	Length of Test 24 hr	Bbls. Condensate/MMCF 8	Gravity of Condensate 43-44°
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 450	Casing Pressure (Shut-in) Pkr	Choke Size 17/64"

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 Supervisor
Printed Name
7-10-90
Date
505/748-1471
Title
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 25 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.