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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

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

AUG 16 '90

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator YATES PETROLEUM CORPORATION ✓	Well API No. 30-015-26335
Address 105 South 4th St., Artesia, New Mexico 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 Hill View AHE Federal	Well No. 1	Pool Name, Including Formation North Dagger Draw Upper Penn	Kind of Lease State, Federal or Fee	Lease No. NM 045274
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>12</u> Township <u>20S</u> Range <u>24E</u> , NMPM, <u>Eddy</u> 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"/> Yates Petroleum Corporation	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 D	Sec. 12	Twp. 20	Rge. 24	Is gas actually connected? YES	When? 6-19-90

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 4-19-90	Date Compl. Ready to Prod. 8-7-90		Total Depth 9580'		P.B.T.D. 8979'			
Elevations (DF, RKB, RT, GR, etc.) 3595' GR	Name of Producing Formation Canyon		Top Oil/Gas Pay 7652'		Tubing Depth 8100'			
Perforations 7652-7816'					Depth Casing Shoe 9580'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 26"	CASING & TUBING SIZE 20"		DEPTH SET 40'		SACKS CEMENT Redi-Mix <u>Part ID-2</u>			
14-3/4"	9-5/8"		1183'		1100 sx <u>8-31-90</u>			
8-3/4"	7"		9580'		1975 sx <u>comp + BK</u>			
	2-7/8"		8100'					

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 6-12-90	Date of Test 8-7-90	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 300	Casing Pressure 340	Choke Size 2"
Actual Prod. During Test 24 hrs	Oil - Bbls. 127	Water - Bbls. 3395	Gas- MCF 632

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.

Juanita Goodlett
Signature
Juanita Goodlett, Production Supervisor
Printed Name
8-15-90
Date
505/748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 24 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.