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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

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

CISF
WTH
GT
DP

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION	Well API No. 30-015-26561
Address 105 South 4th St., Artesia, NM 88210	
Reason(s) for Filing (Check proper box) 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 Sara AHA Com	Well No. 5	Pool Name, Including Formation South Dagger Draw U/Penn	Kind of Lease State/ Federal/ or Fee	Lease No.
Location Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line Section 11 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"/> Amoco Pipeline Co. - Oil Tender Department	Address (Give address to which approved copy of this form is to be sent) PO Box 702068, Tulsa, OK 74170-2068
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 South 4th St., Artesia, NM 88210
If well produces oil or liquids, give location of tanks.	Unit I Sec. 11 Twp. 20s Rge. 24e Is gas actually connected? Yes When? 9-16-91

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 8-14-91	Date Compl. Ready to Prod. 9-23-91	Total Depth 8160'
Elevations (DF, RKB, RT, GR, etc.) 3619' GR	Name of Producing Formation Canyon	Top Oil/Gas Pay 7640'
Perforations 7640-7790'		Tubing Depth 7690'
TUBING, CASING AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET
26"	20"	40'
14-3/4"	9-5/8"	1093'
8-3/4"	7"	8160'
	2-7/8"	7690'
SACKS CEMENT Redi-Mix 950 sx 1625 sx Post IP-2 11-8-91 Comp & BK		

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.)

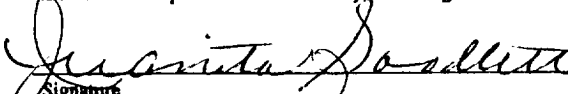
Date First New Oil Run To Tank 9-17-91	Date of Test 9-23-91	Producing Method (Flow, pump, gas lift, etc.) Pumping
Length of Test 24 hrs	Tubing Pressure 200	Casing Pressure 300
Actual Prod. During Test 920	Oil - Bbls. 668	Water - Bbls. 252
		Choke Size 3/4"
		Gas- MCF 1124

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
9-25-91
Date
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 29 1991

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.