

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

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

Operator YATES PETROLEUM CORPORATION	Well API No. 30-015-26693
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 Cooper AHH	Well No. 2	Pool Name, Including Formation North Dagger Draw U/Penn	Kind of Lease State/Federal/For Fee	Lease No.
Location Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line Section 1 Township 20S Range 24E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Amoco Pipeline Co. - Oil Tender Dept.	Address (Give address to which approved copy of this form is to be sent) PO Box 702068, Tulsa, OK 71470-2068
Name of Authorized Transporter of Casinghead Gas or Dry Gas 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 E Sec. 1 Twp. 20s Rge. 24e	Is gas actually connected? When? Yes 9-15-91

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 X Gas Well	New Well X Workover Deepen Plug Back Same Res'v Diff Res'v		
Date Spudded 8-3-91	Date Compl. Ready to Prod. 9-13-91	Total Depth 8275'	P.B.T.D. 8116'
Elevations (DF, RKB, RT, GR, etc.) 3614' GR	Name of Producing Formation Canyon	Top Oil/Gas Pay 7676'	Tubing Depth 7692'
Perforations 7676-7792'	Depth Casing Shoe 8275'		
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"	1215'	1100 sx
8-3/4"	7"	8275'	1325 sx
	2-7/8"	7692'	

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.)

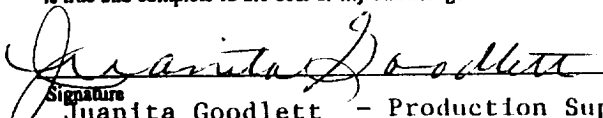
Date First New Oil Run To Tank 9-12-91	Date of Test 9-13-91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 200	Casing Pressure 250	Choke Size 2"
Actual Prod. During Test 450	Oil - Bbls. 351	Water - Bbls. 99	Gas- MCF 401

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 Title
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.