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DEC 16 1991

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION		Well API No. 30-015-26713
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: <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> C-104 covers oil transported by pipeline Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> and/or truck by AMOCO.		
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. 9	Pool Name, Including Formation North Dagger Draw U/Penn	Kind of Lease State, Federal or Fee	Lease No. NM 82641
Location Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line Section 12 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 PL Intercompany Trucking Amoco PL Co. - Oil Tender Dept.	Address (Give address to which approved copy of this form is to be sent) PO Box 702068, Tulsa, OK 74170-2068 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 D Sec. 12 Twp. 20 Rge. 24	Is gas actually connected? Yes When? 12-5-91

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 11-5-91	Date Compl. Ready to Prod. 12-5-91		Total Depth 8200'		P.B.T.D. 8100'			
Elevations (DF, RKB, RT, GR, etc.) 3597' GR	Name of Producing Formation Canyon		Top Oil/Gas Pay 7681'		Tubing Depth 7875'			
Perforations 7681-7775'					Depth Casing Shoe 8200'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 26"	CASING & TUBING SIZE 20"		DEPTH SET 40'		SACKS CEMENT Redi-Mix Per 10-2			
14-3/4"	9-5/8"		1090'		1100 sx 12-27-91			
8-3/4"	7"		8200'		1400 sx comp & B			
	2-7/8"		7875'					

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.)

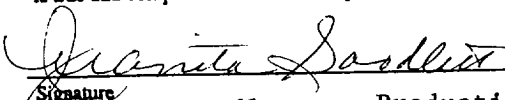
Date First New Oil Run To Tank 12-5-91	Date of Test 12-6-91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 200	Casing Pressure 250	Choke Size 2"
Actual Prod. During Test 1374	Oil - Bbls. 605	Water - Bbls. 769	Gas - MCF 1595

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
12-13-91
Date
Title
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 26 1991
By ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II
Title

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.