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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

MAR 1 1993

O. C. D.
Approved

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION		Well API No. 30-015-26736
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 type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Well producing through LACT located at Conoco Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> AGK Fed. #2, Unit G, Sec. 26-20S-24E		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Conoco AGK Federal	Well No. 5	Pool Name, Including Formation South Dagger Draw U/Penn	Kind of Lease State, Federal or Fife	Lease No. NM 045275
Location Unit Letter <u>B</u> : <u>860</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>26</u> Township <u>20S</u> Range <u>24E</u> , 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. Amoco Pipeline Intercompany Trucking	Address (Give address to which approved copy of this form is to be sent) 502 N. West Avenue, Levelland, TX 79336	
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 G	Sec. 26
	Twp. 20s	Rge. 24e
Is gas actually connected? Yes		When? 3-1-93

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 2-2-93	Date Compl. Ready to Prod. 3-8-93		Total Depth 8112'		P.B.T.D. 8060'			
Elevations (DF, RKB, RT, GR, etc.) 3650' GR	Name of Producing Formation Canyon		Top Oil/Gas Pay 7642'		Tubing Depth 7600'			
Perforations 7642-7734'						Depth Casing Shoe 8112'		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		40'		Redi-Mix			
14-3/4"	9-5/8"		1178'		1550 sx -circulated			
8-3/4"	7"		8112'		1400 sx -circulated			
	2-7/8"		7600'					

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 3-1-93	Date of Test 3-8-93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 100	Casing Pressure 100	Choke Size 2"
Actual Prod. During Test 582	Oil - Bbls. 246	Water - Bbls. 336	Gas - MCF 420

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
Printed Name Juanita Goodlett - Production Supvr.
Date 3-10-93 Title (505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 19 1993

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.