

Submit 5 Copies  
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

45F  
Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page  
GT  
DP

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION	Well API No. 30-015-26809
Address 105 South 4th St., Artesia, NM 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 Staghorn AJG Federal Com	Well No. 1	Pool Name, Including Formation South Dagger Draw U/Penn	Kind of Lease State, Federal or Fee	Lease No. NM 76938
Location Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line Section 25 Township 20S Range 24E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Amoco Pipeline Co.	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 502 North West Avenue, Levelland, TX 79336				
Name of Authorized Transporter of Casinghead Gas Yates Petroleum Corporation	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 L	Sec. 25	Twp. 20	Rge. 24	Is gas actually connected? Yes	When? 7-24-92

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 6-25-92	Date Compl. Ready to Prod. 7-24-92		Total Depth 8160'		P.B.T.D. 8110'			
Elevations (DF, RKB, RT, GR, etc.) 3628' GR	Name of Producing Formation Canyon		Top Oil/Gas Pay 7665'		Tubing Depth 7753'			
Perforations 7665-7738'					Depth Casing Shoe 8160'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		79'		Redi-Mix			
14-3/4"	9-5/8"		1116'		1100 sx Post TD-2			
8-3/4"	7"		8160'		1450 sx 8-28-92			
	2-7/8"		7753'		comp & RKT			

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 7-24-92	Date of Test 7-24-92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 12 hrs	Tubing Pressure 130	Casing Pressure 140	Choke Size 2"
Actual Prod. During Test 1026	Oil - Bbls. 130	Water - Bbls. 896	Gas - MCF 0

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  
M. W. SLATER - OPERATIONS MANAGER  
Printed Name  
7-29-92  
Date  
505-748-1471  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 20 1992

By ORIGINAL SIGNED BY  
MIKE  
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.