

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

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

NOV 22 1991

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION		Well API No. 30-015-26826
Address 105 South 4th St., Artesia, NM 88210		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> C-104 covers oil transported by pipeline Change in Operator <input type="checkbox"/> and/or trucked by AMOCO. Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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 Parish IV Com	Well No. 5	Pool Name, Including Formation North Dagger Draw U/Penn	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter P : 915 Feet From The South Line and 660 Feet From The East Line Section 19 Township 19S Range 25E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Amoco PL Co. Oil Tender Dept.	or Condensate <input type="checkbox"/>	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 Yates Petroleum Corporation	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 105 South 4th, Artesia, NM 88210				
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 19	Twp. 19	Rge. 25	Is gas actually connected? Yes	When? 11-14-91

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 10-14-91	Date Compl. Ready to Prod. 11-18-91	Total Depth 8250'	P.B.T.D. 8200'					
Elevations (DF, RKB, RT, GR, etc.) 3547' GR	Name of Producing Formation Canyon	Top Oil/Gas Pay 7614'	Tubing Depth 7905'					
Perforations 7614-7817'	Depth Casing Shoe 8248'							
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"	1090'	900 sx					
8-3/4"	7"	8248'	1925 sx					
	2-7/8"	7905'						

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 11-14-91	Date of Test 11-18-91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 190	Casing Pressure 140	Choke Size 3/4"
Actual Prod. During Test 904	Oil - Bbls. 429	Water - Bbls. 475	Gas- MCF 509

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
11-21-91
Date
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 27 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.