

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  
APR 30 1992  
Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page  
O. C. D.  
OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator YATES PETROLEUM CORPORATION ✓	Well API No. 30-015-26879
Address 105 SOUTH 4th STREET, ARTESIA, NM 88210	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input 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"/>	
<input checked="" type="checkbox"/> Other (Please explain) WELL PRODUCING THROUGH LACT UNIT LOCATED CENIZA AGZ COM #1, Unit P, Sec. 2-20S-24E	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Candelilla AKD State Com	Well No. 1	Pool Name, Including Formation North Dagger Draw U/Penn	Kind of Lease State, Federal or Fed/ State	Lease No. LG 9810
Location Unit Letter 0 : 660 Feet From The South Line and 1650 Feet From The East Line Section 2 Township 20S Range 24E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Amoco Pipeline Company <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 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 P	Sec. 2	Twp. 20S	Rge. 24E	Is gas actually connected? YES	When? 4-23-92
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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3-13-92	Date Compl. Ready to Prod. 4-27-92		Total Depth 8200'		P.B.T.D. 8135'			
Elevations (DF, RKB, RT, GR, etc.) 3619' GR	Name of Producing Formation Canyon		Top Oil/Gas Pay 7738'		Tubing Depth 7881'			
Perforations 7738-7816'					Depth Casing Shoe 8200'			
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"		1068'		900 sx			
8-3/4"	7"		8200'		1575 sx			
	2-7/8"		7881'					

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 4-23-92	Date of Test 4-27-92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 100	Casing Pressure 120	Choke Size 3/4"
Actual Prod. During Test 564	Oil - Bbls. 347	Water - Bbls. 217	Gas - MCF 601

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  
4-28-92

Title  
(505) 748-1471

Date  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 8 1992

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.